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Year 3 Outcome Evaluation Report: Youth Drug Prevention Program

Introduction

This outcome evaluation report for Year 3 of the Parenting Programs for Youth Drug Prevention initiative is presented by Sheila E. Murphy, Ph.D. and Jane Dowling, Ph.D., the evaluation team representing Sheila Murphy Associates, to The Arizona Parents Commission on Drug Education and Prevention and the Governor's Office for Children, Youth and Families/Division of Substance Abuse Prevention (GDSAP), for the purpose of sharing the findings, conclusions, and recommendations in the evaluation of the youth drug prevention program initiative. This document seeks to accomplish the following specific objectives:

1. Clarify purposes of the outcome evaluation, explaining delimitations, and provide an overview of the report contents.
2. Describe the focus of the outcome evaluation, including the outcome evaluation questions used to study the site-based projects and a description of the evaluation methodology.
3. Provide a profile of program participants for the second year of the project and program attendance.
4. Report and interpret findings for year 3, incorporating both quantitative and qualitative elements, in response to each of five outcome evaluation questions specified in the evaluation plan.
5. Draw conclusions in relation to findings of year 3 of the youth drug prevention program initiative.
6. Specify recommendations associated with findings from year 3 of the youth drug prevention program initiative.

Report Item #1: Purposes of the Evaluation

Emphasis of the Year 3 Report

This report on the youth drug prevention initiative emphasizes outcomes of the year 3 evaluation. Specific areas of focus relate to the degree to which the youth drug prevention programs resulted in changes in behaviors, attitudes, and skills of the target populations; and positive effects on parents' lives and the lives of their families.

Delimitation of the Year 3 Outcome Evaluation

This report addresses outcome findings for programs conducted during year 3 of the youth drug prevention program initiative involving parents, youth, and young children. A considerable amount of data has been collected and analyzed from this study, revealing numerous patterns associated with implementation of the youth drug prevention programs to date. The findings can be viewed in context of the time period covered, emphasizing specific changes in families.

Organization of the Report for Year 3

This report is organized according to the seven specific objectives noted in the Introduction. Each of the objectives is given a chapter titled by "Report Item" number and includes a brief description of its contents. The report is further subdivided into sections that furnish the requisite descriptive and reporting elements that support each chapter topic. The present chapter clarifies the purposes of the outcome evaluation and summarizes the organization of the report. Report Item #2 provides an overview of the evaluation plan and procedures for conducting the outcome-based evaluation. It also includes specific approaches to data collection. Report Item #3 specifies a demographic profile of study participants and attendance data. Report Item #4 summarizes and interprets findings of the year 3 evaluation, responding to each of five questions established for the outcome evaluation study. Report Item #5 draws conclusions based upon the findings of the year 3 implementation. Report Item #6 specifies recommendations associated with implementation of the youth drug prevention program initiative.

Report Item #2: Evaluation Methodology for Outcome Evaluation

At the inception of the project, the evaluation team developed an evaluation plan intended to guide the process evaluation to take place during the initial year of funding. The plan was intended to capture both quantitative and qualitative elements relevant to the program implementation, and to set the stage for an outcome evaluation specifying accomplishments of the project during years 2 and 3. Evaluation questions have been developed to anchor the outcome evaluation study in years 2 and 3. The outcome evaluation plan is included at the end of this section.

Evaluation Methodology for Outcome Evaluation

A retrospective pretest methodology is being used to assess program effects. Typically, measures are collected at the beginning of a program (pretest) and again at the end of the program (posttest) with the idea that program effects are demonstrated by differences in the two measures. In projects such as the youth drug prevention program, this within-group design provides greater statistical power than between-group designs. This pretest-posttest design is used to document change, particularly behavior and skill change. However, based on the experience of the evaluation team in similar evaluation studies¹ and related research studies² it has been determined that traditional pretest-posttest designs have several limitations, especially when participant self-report measures are used. Pretest overestimation is likely if participants lack a clear understanding of the attitude, behavior, or skill the program is attempting to affect. Ironically, it is the participants' inexperience and lack of knowledge and skills that often necessitate the program intervention. Taking part in the program may show participants that they actually knew much less than they originally reported on the pretest. In such cases, pretest-posttest comparisons are misleading because participants use a changed frame of reference to classify themselves after engaging in the program.³

This change in an individual's frame of reference because of program participation has been called the response shift bias.⁴ When participants rate themselves on traditional pre-posttests, program-produced changes in the participants' standards are potential threats to internal validity. To avoid response-shift bias, researchers have suggested collecting both contemporary and retrospective information at the conclusion of the program.^{5,6} This means that at the end of the program, participants report on their current (contemporary) knowledge, behavior, or attitudes. They complete the same self-report measure with reference to where they perceive themselves to have been when the program began. This forms a retrospective pretest. Response shift bias is avoided because participants are rating themselves with a single frame of reference on both the posttest and retrospective pretest.

In addition to the evaluation problem of invalid responses because the participants have limited knowledge in responding accurately to the questions on the pretest, the evaluation team also had to

¹ School-Based Parenting Program Initiative (2000 – 2003).

² Marshak, S. H., de Silva, P., & Silberstein, J. (1998). Evaluation of a peer-taught nutrition education program for low-income parents. *Journal of Extension*, 27, 19-21.

³ Howard, G. S., et. al., (1979). Internal validity in pretest-posttest self-report evaluations and the re-evaluation of retrospective pretests. *Applied Psychological Measurement*, 3, 1 – 23.

⁴ Howard, G. S., & Dailey, P. R. (1979). Response-shift bias: A source of contamination of self-report measures. *Journal of Applied Psychology*, 64, 144-150.

⁵ Goedhart, H., & Hoogstraten, J. (1992). The retrospective pretest and the role of pretest information in evaluation studies. *Psychological Reports*, 70, 699-704.

⁶ Terborg, J.R., Howard, G.S., & Maxwell, S.E. (1980). Evaluating planned organizational change: A method for assessing alpha, beta and gamma change. *Academy of Management Review*, 5, 109-121.

address the issues of attrition and family units in the programs. Since all the surveys are administered anonymously, it is important to have a method whereby the pre and post responses can be matched. A frequent problem with the traditional pre-post test design is one family member completing the pre survey and another family member completing the post survey for the family unit, rendering the results invalid. The retrospective pretest methodology allows accurate matching of survey respondents. In other cases parents take the pre-test, drop out of the program during the third week and do not take the post-test. Other parents start the program in the 2nd program week, missing the opportunity to take the pre-test during the initial class. The retrospective pretest methodology provides the evaluation team with a more stable sample of parents who complete a survey that can be used in the analyses.

Analysis of Parent and Youth Data

In addition to data preparation, five sets of analyses were used with both the parent and youth end-of-cycle surveys to examine the relationships among parent background characteristics, program characteristics, and participants' assessment of their attitude, behavior and skill levels in relation to specific risk and protective factors and program concepts/principles.

To prepare datasets for main analyses, five multiple imputed data sets were created with NORM 2.03. In the subsequent analyses including factor analysis, reliability and ANOVA, it was discovered that one of the datasets (dataset #3) was yielding more meaningful results than the other four. Factors gleaned from this data set produce higher reliability coefficients than others. More significant differences were found with this dataset than with others. It appears that estimated values for the missing data in this dataset were closer to the true observed scores and preserved the between variable relationships more than the other datasets. Pooling and combining the results actually undermine the capturing and representation of the true population that data set #3 seems to have accomplished. It was therefore decided that data set 3 would be retained for the main analyses.

The first analysis of the end-of-cycle data determined significant differences between before and after ratings on single survey items through analysis of variance (ANOVA). The ANOVA and its test of significance, *F test*, permits examination of whether the differences between the before and after ratings were *significant* differences, or were what might be expected if left to chance.

The second analysis used was the standardized mean difference to estimate the effect of the prevention program on certain risk and protective factors. This *effect size* is an indicator used to determine the level of significance for the differences between *before* and *after* program ratings. An effect size is the difference between the after program mean and before program mean, divided by the pre-and-post pooled standard deviation to provide a uniform scale. Effect sizes represent standardized values of the differences in variables between pre- and post-program. Variables with larger effect sizes indicate stronger program impact (large effect).

The third analysis to be performed with the data was principal components and factor analysis. In order to condense the number of items, principal component analyses with Eigen values greater than 1 and varimax and oblique rotation were performed in SPSS Version 13. This type of analysis combines correlated variables into a single factor so that the multiple variables can be expressed by a single variable (or factor). The factor scores obtained from varimax rotation were used for comparison and multiple regression tests, and those from oblique rotations were used for path analysis.

Three criteria were applied to refine the factors to enter into the final main analyses. These include (1) coherent theme, (2) theory fit, and (3) Cronbach alpha reliabilities. If all the items in a certain factor carry a similar theme, a factor name was given to cover the meaning of all the items, which indicates the satisfaction of coherent theme requirement. Theory fit addresses how the factors fit the prior literature theories. Reliability coefficients were used as indicators for choosing the factors. In the end, five factors were gleaned from the parent end-of-cycle data: (1) family cohesion, (2) attitude toward ATOD use, (3) family management, and (4) parent confidence. The fifth factor (program impact) was generated from a series of impact statements on the parent survey. These factors were then used in the path analysis described in the next paragraph.

The fourth analysis was the application of path analysis. Path analysis is the statistical technique used to examine causal relationships between two or more variables. It is used mainly to understand comparative strengths of direct and indirect relationships among a set of variables. Path analysis is unique among linear equation models in that it allows mediating variables in the pathway ($X \rightarrow Y \rightarrow Z$). The pathways in the path model represent the hypotheses. Path analysis was selected due to the large number of variables being examined in the study and the suggestion that certain variables may have both direct and indirect effects on the outcomes. For example, it might be hypothesized that family history of ATOD has a direct effect on family cohesion. However, indirect effects of family history of ATOD on overall program impact are also suggested; that is, family history affects family management, which in turn affects family cohesion; and family history affects attitudes toward use of ATOD, which affects family management, all of which affect program impact. The data presented in the path analysis are correlational data and the relative sizes of the path coefficients in the resulting path diagram can determine which of our hypotheses are better supported by the data. For example, in the findings of this study, family history of ATOD affecting family attitude toward use of ATOD is preferred over the hypothesis of parent education or income affecting family attitude.

The model for this study was developed with EQS. EQS analyzes the model in terms of its reliability in generating reliable output. The path model developed for this study yielded the statement: "no special problems were encountered during optimization," indicating that the EQS analysis of this path model yields reliable output. It was also determined that the data were normally distributed. There were several indicators showing that the model works well statistically. First, almost all the standardized residual matrix values are less than 0.1. Second, independence model $\chi^2 (45) = 1007.64$, which means the independence model does not fit the data (i.e., the data are related). In addition, the Bentler-Bonnet normed fit index is close to 1 (.93), which confirms that the proposed model works well. The parent datasets for years 1, 2, and 3 (N=773) were combined to develop the final path model.

The fifth analysis of data was content analysis of the open-ended questions included on the parent and facilitator surveys. The comments were categorized according to common themes that emerged from the comments.

Analysis of Facilitator Data

A descriptive analysis of facilitator data was conducted using means, standard deviations and frequency distributions for the survey items.

Outcome Evaluation Plan

The evaluation plan on the following page addresses the outcome evaluation phase of the project and includes the evaluation questions, evaluation measures/variables, evaluation methodology and analysis procedures.

EVALUATION QUESTION	EVALUATION MEASURES/VARIABLES	EVALUATION METHODOLOGY	ANALYSIS PROCEDURES
What impact do the intervention programs have on the targeted risk factors for youth drug use?			
What impact do the intervention programs have on <u>parent attitudes and beliefs toward drug use</u> ?	<ul style="list-style-type: none"> ➤ Parent knowledge about substance abuse ➤ Parent attitudes and beliefs toward drug use ➤ Facilitator perception of parent knowledge and attitude 	<ul style="list-style-type: none"> • Retrospective pre- measurement of parent knowledge, attitudes and beliefs at enrollment and at end of cycle • Facilitator survey 	Comparative analysis of knowledge, attitudes and beliefs: (e.g., t-tests to find out whether the pre & post differences are significant; effect sizes to demonstrate the magnitude of change; percentile increase, descriptives)
What impact do the intervention programs have <u>on family management practices</u> ?	<ul style="list-style-type: none"> ➤ Parent report of family management practices (e.g., parent monitoring, parent supervision and discipline practices, family communication) ➤ Facilitator perception of family management practices 	<ul style="list-style-type: none"> • Retrospective pre- measurement of family management practices at enrollment and at end of cycle • Facilitator survey 	Comparative analysis of knowledge, attitudes and beliefs
What impact do the intervention programs have on <u>low family attachment and bonding</u> ?	<ul style="list-style-type: none"> ➤ Parent report of family cohesion and bonding ➤ Facilitator perception of family cohesion 	<ul style="list-style-type: none"> • Retrospective pre- measurement of family cohesion and bonding at enrollment and at end of cycle • Facilitator survey 	Comparative analysis of knowledge, attitudes and beliefs
What impact do the intervention programs have <u>on family conflict</u> ?	<ul style="list-style-type: none"> ➤ Parent report of family conflict ➤ Facilitator perception of family conflict 	<ul style="list-style-type: none"> • Retrospective pre-measurement of family conflict at enrollment and at end of cycle • Facilitator survey 	Comparative analysis of knowledge, attitudes and beliefs
What impact does family based prevention program have on <u>youth behaviors</u> ?	<ul style="list-style-type: none"> ➤ Parent report of increase of youth participation in family activities ➤ Parent report of increase of youth liking for school, enjoyment of class & motivation to learn ➤ Parent report of greater skill at resolving conflicts by youth ➤ Parent report of increased knowledge & negative attitudes toward alcohol & drug use by youth 	<ul style="list-style-type: none"> • Retrospective pre- measurement of parent perception of youth at enrollment and at end of cycle 	Comparative analysis of knowledge, attitudes and beliefs

Approaches for Implementing Evaluation Plan

In an effort to serve the evaluation plan established for the statewide outcome evaluation, the team from Sheila Murphy Associates identified several steps designed to ensure communication, clarity, and timeliness during the outcome evaluation phase of the project. The following specific steps were established:

1. Utilize the www.sheilamurphy.com web site for hosting the following web-based reporting mechanisms for use by funded agencies:
 - Facilitator/Instructor End-of-Cycle Survey (to be completed at the end of every set of classes)
 - Facilitator/Instructor Session Notes (to be completed on an as-appropriate basis relating to noteworthy occurrences during sessions)
 - Participant Attendance Form (for agencies to use in documenting the particulars of family attendance at workshop programs)
 - Participant Recruitment Form (for agencies to use in documenting the particulars of recruitment and retention of families in the program)
2. Disseminate paper-based parent participant end-of-cycle surveys, available in both the English and Spanish languages, and including key demographic information, to be administered at the close of each sequence of classes.
3. Provide each funded agency all materials needed to administer surveys and mail them to the evaluation team, including:
 - Sufficient copies of participant end-of-session surveys in English and Spanish
 - Stamped envelopes pre-addressed to Sheila Murphy Associates.
4. Develop year 3 databases for tracking and maintaining the survey and tracking forms noted above.
5. Provide each agency a summary of evaluation requirements, synthesized onto a single page, to serve as a reminder of activities reflected on the evaluation plans.
6. Confer with funded agencies concerning their utilization of forms and to determine comprehensiveness and accuracy in use, systematically checking with sites by email and by telephone.

Quality Assurance Plan

As an integral part of the data collection plan, the evaluation team has designed and implemented a quality assurance plan. The objectives of this quality assurance plan are as follows:

1. Facilitate the gathering of data entered correctly and in a timely manner, that accurately reflects the perception of facilitators and participants included in the youth drug prevention program.
2. Ensure the accurate implementation of procedures established for systematizing data gathering.
3. Provide a method for early identification of any concerns or issues, thereby precluding any serious issue or concern regarding the integrity of the data.

In support of these objectives for quality assurance, the evaluation team has implemented the following procedures:

1. Established a process for performing a daily review of both the physical and online surveys that have been received, ensuring that agencies report comprehensively and that data sets are consistent regarding what is reported (relative to number of participants, etc.).
2. Established a process for investigative review of data, to examine any further discrepancies in reporting or inaccurate usage of the mechanisms established.
3. Implemented immediate follow-up with agencies needing assistance or requiring follow-up assistance with data gathering and reporting.

Ongoing telephone and email contact between agencies and the evaluation team throughout the initial year of project implementation has proved valuable for instructing agencies in proper procedures and providing responses to questions.

Data Collection Plan

A data collection procedure was developed and fully functioning throughout year 1 of the program implementation. This plan has been continued during years 2 and 3.

The primary components utilized to gather data during year 3 included:

- Online Instructor End-of-Cycle Survey. This survey was located at the evaluation website: www.sheilamurphy.com. Instructors were asked to utilize the survey at the end of each program cycle, and to respond to six questions regarding program delivery and format, 13 questions on family behaviors, attitudes and skills, and 12 questions on the presence of certain risk and protective factors. The instructors were asked to complete

six open-ended questions concerning their perception of program impact on the families. In addition, instructors responded to five questions regarding the training they received for implementing the program.

- Family End-of-Cycle Survey - Adult (Paper-and-Pencil). The adult survey was provided in both the English and Spanish languages. The survey represented a compilation of measures relating to target outcomes (risk and protective factors) of the parenting programs being delivered, parent perception of program impact on their families, parent evaluation of the program sessions. In addition, the adults were asked to provide comments regarding the effect of the program on their families and to indicate their needs for support of what they learned in the workshop.
- Youth End-of-Cycle Survey (Paper-and-Pencil). The youth survey was provided in both the English and Spanish languages. The survey contained several measures related to target outcomes (risk and protective factors) including youth attitude and knowledge regarding alcohol and drug use.
- Young Child End-of-Cycle Survey (Paper-and-Pencil). Similar to the youth survey, the young child survey was provided in the English and Spanish languages. The young child survey is a post only instrument. The survey was developed at the request of those sites that had children below 4th grade reading level in their programs.
- Demographic Information Survey. A Demographic Information Survey was included in both the family and youth surveys. The survey was provided in both English and Spanish. This survey provided information that specifies characteristics of families and youth served by the youth drug prevention programs in the State of Arizona.
- Online Instructor Session Notes. This form was located at the evaluation website: www.sheilamurphy.com. Instructors were asked to utilize the form at the end of sessions when any significant program change or other event occurred which facilitated or impeded delivery of the program. Instructors were also asked to identify any significant barriers encountered during the program session.
- Online Attendance Form. This form was located at the evaluation website: www.sheilamurphy.com. Instructors were asked to complete the attendance form at the conclusion of each program session, indicating number of families enrolled, number of participants in attendance, and number dropped.
- Online Recruitment Form. This form was located at the evaluation website: www.sheilamurphy.com. Instructors were asked to complete the recruitment form at the conclusion of the program cycle. The information collected by the form included: graduation criteria, number of families recruited, number of families enrolled, number of families graduated from program.

To ensure efficacy of the data collection plan, the following specific activities were implemented in year 3:

- Conduct of user-friendly face-to-face meetings with new program coordinators and instructors as needed, emphasizing a demonstration of the process for inputting data on online forms.
- Distribution of easy-to-follow instructions, detailing the appropriate data entry steps for new instructors to use in inputting end-of-cycle data electronically.
- Phone and email technical assistance on data entry and data submission. Instructors demonstrated use of this system, by contacting members of the evaluation team to determine the proper approach for addressing questions and challenges relative to data entry.
- Systematic email and telephone follow-up to sites relative to data entry and survey submission. The evaluation team made use of all methods of receiving and addressing instructors' questions regarding data entry, mailing of participant end-of-cycle paper surveys, and related matters. Communication methods included telephone response, e-mail, online, and fax.
- Monitoring of online data submissions and session notes by instructors to identify any problems with data entry or submission.

Report Item #3: Profile of Parents and Youth and Program Attendance

To assist the evaluation team in continuing to provide a profile of those participants being served by the youth drug prevention program initiative, participants were asked to complete an optional demographic profile questionnaire. The following charts present the parent and youth profiles for those participants completing the end-of-cycle survey during year 3.

Chart 1 Demographic Profile of Parent Participants - Year 3 (N=351)

GENDER	MARITAL	AGE	LANGUAGE
84% Female 16% Male	27.3% Single 51.5% Married 7.6% Divorced 5.8% Separated 2.1% Widowed 5.8% Other	0.9% <18 15.0% 18-25 51.4% 26-35 29.4% 36-50 2.4% 51-65 0.9% >65	51.7% English 47.7% Spanish 0.6% Other
INCOME	EMPLOYMENT	ETHNIC	
41.7% < \$10,000 36.0% \$10 – 22,999 16.0% \$23 – 32,999 5.0% \$33 – 59,999 1.3% \$60 – 79,999	0.3% In Armed Forces 29.4% Employed Full-Time 13.1% Employed Part-Time 38.9% Unemployed 1.6% Not In Labor Force 16.7% Other	0.9% African-American 20.4% Native American 20.4% White 58.0% Hispanic 0.3% Other	
EDUCATION	HOUSEHOLD DETAIL	RELIGION	
12.8% Elementary Only 28.9% Partial High School 11.0% GED 17.3% High School Grad. 5.4% Some college 17.6% AA Degree 3.0% BA Degree 1.8% Grad. Degree 2.4% Other	58.9% Both parents in household 3.4% Father only 32.2% Mother only 2.8% Other relative 1.5% Legal Guardian only 1.2% Foster parent(s)	54.6% Catholic 33.3% Protestant 12.1% Other	

Chart 2 Demographic Profile of Youth - Year 3 (N=163)

GENDER	ETHNIC	AGE	LANGUAGE
55.8% Female 44.2% Male	1.3% Asian 3.1% African-American 6.3% Native American 10.7% White 78.0% Hispanic 0.6% Other	1.3% 4 - 6 37.2% 7-10 41% 11-12 18.6% 13-15 1.9% 16-17	36.4% English 61.1% Spanish 2.5% Other

Chart 3 Demographic Profile of Youth & Young Children - Year 3 (N=126)

GENDER	ETHNIC	AGE
58.7% Female 41.3% Male	3.2% African-American 1.6% Native American 21.4% White 71.4% Hispanic 2.4% Other	16.8% 4 - 6 70.4% 7-10 10.4% 11-12 2.4% 13-15

The following section highlights some of the findings in a review of the demographic information. For the sample of 351 adults reporting demographic information, it appears that adult females are much more likely to be participants in the program than adult males.

51.5% of the parent sample was married, suggesting that at least for some of the participant families, a single parent had full responsibility for parenting. Only 58.9% of the parents indicated that both parents were in the household. The possibility exists that these single parents may require additional assistance and support in their childrearing responsibilities. In the sample of 351 participants, a total of 66% of adults reported being 35 years of age or younger. The 26-35 age group represented the largest group of parent participants (51%).

Attendance data were reported by 10 program sites for 316 program sessions in 34 cycles during Year 3. The charts on the following page present the program graduation requirements and the attendance data for all sites as of July 15, 2005. (Reader's Note: Attendance data and recruitment data should not be compared for totals, since some programs ran booster sessions for their families and these sessions are included in the attendance figures, but not in recruitment figures. In addition, some programs had parents from previous cycles return and they were counted in the attendance, but not in the graduation figures).

Chart 4 Program Graduation Requirements

Agency	Program	Total Sessions	Graduation Requirement
Child and Family Resources	Strengthening Families	14	11 of 14 classes must be completed (if one more is missed, can take maximum of one make-up session)
CODAC	Strengthening Families	7	5 sessions must be completed in full for family to qualify for graduation
Community Bridges	Guiding Good Choices	5	Maximum of 1 session of the 5 can be missed to graduate from program
Family Counseling Agency	FAST	8	6 sessions minimum to qualify for graduation
Mt. View	Strengthening Families	9 – 10	Maximum of 2 sessions can be missed to graduate from programs. If more than that number are missed, receive a "participation certificate."
PAACE	Strengthening Families	14	10 of 14 for graduation; otherwise, "participation certificate"

Chart 5 Cumulative Attendance Data through July 15, 2005

Agency	Total # of Sessions Conducted*	Total # of Cycles	Attendance/Graduation Summary (numbers have been rounded)		
			Total # of Families Recruited & Enrolled	Average # of Participants Attending	Total # Families Graduated
Child & Family Resources	140	10	129	112	86
CODAC	35	5	79	59	43
Community Bridges	38	8	198	173	89
Family Counseling Agency	32	4	53	48	41
Mt. View	29	4	80	38	34
PAACE	42	3	31	31	26
TOTAL	316	34	570	461	319

*Each program had a varying number of sessions ranging from 5 sessions for Guiding Good Choices to 14 sessions for the Strengthening Families program.

Report Item #4: Findings for Year 3 Outcome Evaluation

The request for the funded family-based drug prevention programs was to address one or more of the following risk factors for youth drug use:

- Parent attitudes and beliefs toward drug use
- Inept parental monitoring
- Low family attachment and bonding
- Poor family communication
- Inconsistent and severe family discipline

The following matrix identifies the risk factors being addressed by each agency and provides the basis for the outcome evaluation study questions. Based on initial site visits and interviews with the funded agencies during year 1, the risk factors of *poor family communication*, *inept parental monitoring*, and *inconsistent and severe family discipline* were combined and renamed *family management*. Four agencies indicated they were also targeting the risk factor *family conflict*.

Chart 6 Matrix of Risk and Protective Factors by Agency

Risk/Protective Factor	Child & Family Resources	CODAC	Community Bridges	Family Counseling Agency	Mt. View	PAACE
Low family attachment and bonding		X	X	X		
Family management practices	X	X	X	X	X	X
Family conflict	X	X			X	X
Parent attitudes and beliefs toward drug use	X		X	X	X	X

The Family End-of-Workshop Surveys (Youth and Adult) were administered at the conclusion of each workshop cycle. Survey items were selected from several sources, including (SAMHSA Center for Substance Abuse Prevention Core Measures Initiative Phase 1 Recommendations December 1999; (2) Sheila Murphy Associates database of wellness and prevention questionnaire items; and (3) Instruments currently being utilized by providers of prevention programs in Arizona. As mentioned previously, a retrospective pretest methodology was used to determine program effects. In year 2, a young child post survey was developed for administration to children under the age of 10 who were attending the programs.

The following sections present the results of the surveys in the aggregate and by site for each evaluation question. A scale of 1 to 5 was used for the survey where 1 = *almost never true*, 2 = *occasionally true*, 3 = *true about half the time*, 4 = *often true* and 5 = *almost always true*. The charts present the *before* and *after* means for each item. The charts also present an examination of the effect sizes calculated on the basis of the means and standard deviations of the pre-post change scores. If there was a significant difference between pre and post means, an asterisk appears next to the after mean.

The present sample, which drew from more than 351 parents, indicates that the individual differences in parents' perceptions of the presence of risk and protective factors in their families, as assessed through the Family End-of-Workshop Survey, account for a moderate to

large portion of the variance. A review of the results indicates that the parents felt there had been improvement in many of the key family factors being addressed by the programs.

Outcome Evaluation Question 1. What impact do the intervention programs have on parent attitudes and beliefs toward drug use?

In the aggregate, there were significant differences between pre and post ratings of the items contained in the parent attitude toward ATOD risk factor. There was a positive trend between pre and post ratings by the parents with the majority of sites having moderate effect sizes. There was a significant difference between Mt. View parents' pre and post ratings of their agreement on what to do if their child uses drugs or alcohol or tobacco. Of interest is the difference in effect sizes for the parents being served by Child and Family Resources at their two sites, Safford and Nogales. The Safford site had relatively high rating on the parent attitude risk factor at the beginning of the program, thus the program had little impact on their attitude; whereas, the parents from Nogales site had lower ratings on attitude and indicated a much greater change at the end of the program, i.e., larger effect size.

**Chart 7 Comparison of Effect Sizes for Risk Factor:
Parent Attitude toward ATOD Aggregate and by Site**

	Before Mean	After Mean	Pooled SD	Effect sizes	Percentile Increase
Aggregate					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	3.30	3.95*	1.65	0.39	13.25%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.74	4.35*	1.34	0.46	15.53%
Site: Child & Family Resources (Nogales)					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	3.87	4.73	1.37	0.63	21.49%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.22	4.37	1.43	0.80	27.26%
Site: Child & Family Resources (Safford)					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	3.42	4.38	1.63	0.58	19.82%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	4.43	4.71	1.06	0.27	9.17%
Site: CODAC					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	3.11	4.04	1.76	0.53	17.96%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.62	4.36	1.46	0.51	17.38%

Site Community Bridges (Guiding Star)					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	3.24	3.82	1.49	0.39	13.35%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.40	4.21	1.26	0.65	22.15%
Site Community Bridges (Vista Colina)					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	2.94	3.57	1.49	0.42	14.27%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.52	4.17	1.30	0.50	17.02%
Site: Family Counseling Agency					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	2.93	3.21	1.92	0.14	4.84%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.77	4.03	1.50	0.17	5.86%
Site: Mt. View School					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	3.11	3.95	1.71	0.49	16.76%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	3.79	4.59*	1.19	0.67	22.93%
Site: PAACE					
Our family doesn't use illegal drugs and would seek treatment if there were substance abuse.	4.22	4.30	1.52	0.05	1.82%
My spouse (or partner) and I agree on what should be done if our child (or children) uses drugs or alcohol or tobacco.	4.00	4.21	1.44	0.14	4.84%

* significant at $p < 0.0016$

The End-of-Workshop Survey also asked parents to respond to a series of questions regarding their attitudes and beliefs regarding ATOD use and their perception of their children's attitudes. A scale of 1 to 5 was used for the survey where 1 = *very wrong*, 2 = *wrong most of the time*, 3 = *wrong about half the time*, 4 = *occasionally wrong*, and 5 = *not wrong at all*. ANOVA results indicate there were no significant differences between parent ratings of their attitudes before and after the workshops. It is apparent in a review of the results that parents had relatively strong attitudes against ATOD use prior to participating in the workshop.

Chart 8 presents the before and after means and the effect sizes calculated on the basis of the means and standard deviations of the pre-post change scores. The effect sizes were small, which indicates there was little change between pre and post ratings. In other words, parent attitudes did not change; their attitudes remained unfavorable toward substance abuse.

**Chart 8 Comparison of Effect Sizes for Substance Abuse Attitude Retrospective
Pretest (Before) and Post-test (After) for Parents (N=351)**

	Before Mean	After Mean	Pooled SD	Effect size	Percentile Increase
How wrong do <u>you</u> feel it is for children under legal age to drink beer, wine or hard liquor regularly?	1.22	1.27	0.84	0.06	1.97%
How wrong do <u>you</u> feel it is for children under legal age to drink beer, wine or hard liquor once in a while?	1.29	1.29	0.87	0.00	-0.11%
How wrong do <u>you</u> feel it is for children under legal age to smoke cigarettes or use tobacco products?	1.33	1.32	0.93	-0.01	-0.41%
How wrong do <u>you</u> feel it is for someone to smoke marijuana?	1.46	1.41	1.04	-0.05	-1.73%
How wrong do <u>you</u> think it is for someone to use LSD, cocaine, amphetamines, or other illegal drugs?	1.24	1.27	0.89	0.03	0.86%
How wrong do <u>your children</u> think it is to drink beer, wine or hard liquor regularly for someone not of legal age?	1.32	1.33	0.92	0.01	0.25%
How wrong do <u>your children</u> think it is to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) once in a while for someone not of legal age?	1.31	1.32	0.89	0.01	0.30%
How wrong do <u>your children</u> feel it is to smoke cigarettes or use tobacco products under legal age?	1.32	1.29	0.90	-0.03	-1.09%
How wrong do <u>your children</u> feel it is for someone to smoke marijuana?	1.25	1.26	0.85	0.01	0.28%
How wrong do <u>your children</u> think it is for someone to use LSD, cocaine, amphetamines, or other illegal drugs?	1.19	1.25	0.82	0.07	2.39%

Outcome Evaluation Question 2: What impact do the intervention programs have on family management practices?

A review of the aggregate results in the following chart indicates that the programs overall had a significant impact on family management with significant differences on all items within the family management factor. Individual sites reported significant differences in the majority of the family management items. The effect sizes were large (>1.0) for many individual items. It appears that all the programs being offered by the agencies are having a significant impact on many family management practices.

**Chart 9 Comparison of Effect Sizes for Risk Factor: Inept Family Management
for Parents Aggregate and by Site**

	Before Mean	After Mean	Pooled SD	Effect sizes	Percentile Increase
Aggregate					
All family members participate in making decisions.	2.99	4.15*	1.08	1.07	34.79%
We work together as a team and manage our resources and set priorities together as a family.	3.04	4.22*	1.07	1.10	35.21%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.91	3.99*	1.16	0.93	31.62%
Each family member has responsibilities and chores to perform.	3.17	4.18*	1.22	0.83	28.16%
In our family, everyone participates in decisions that affect us all.	3.01	3.96*	1.21	0.79	26.74%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.26	4.31*	1.19	0.89	30.11%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.45	4.45*	1.18	0.84	28.69%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.37	4.42*	1.08	0.97	32.88%
Site: Child & Family Resources (Nogales)					
All family members participate in making decisions.	2.19	4.04*	1.14	1.63	42.84%
We work together as a team and manage our resources and set priorities together as a family.	2.63	4.17*	0.82	1.88	46.31%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.82	4.13*	1.00	1.31	38.32%
Each family member has responsibilities and chores to perform.	2.86	4.36*	1.15	1.30	38.24%
In our family, everyone participates in decisions that affect us all.	2.55	4.04*	1.03	1.46	40.40%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.05	4.67*	1.13	1.43	40.07%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.78	4.80	0.92	1.11	35.60%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	2.90	4.57*	1.04	1.61	42.52%

Site: Child & Family Resources (Safford)					
All family members participate in making decisions.	3.00	4.06*	1.05	1.02	34.22%
We work together as a team and manage our resources and set priorities together as a family.	2.56	4.19*	1.14	1.44	40.10%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.42	4.00*	1.18	1.34	38.75%
Each family member has responsibilities and chores to perform.	2.90	4.03*	1.28	0.89	30.24%
In our family, everyone participates in decisions that affect us all.	2.94	4.03*	1.19	0.92	31.36%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	2.90	4.10*	1.35	0.89	30.27%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	2.60	4.17*	1.25	1.26	37.58%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.10	4.47*	1.18	1.16	36.25%
Site: CODAC					
All family members participate in making decisions.	3.03	4.55*	0.92	1.65	41.83%
We work together as a team and manage our resources and set priorities together as a family.	3.27	4.55*	1.02	1.26	37.15%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	3.17	4.00	1.17	0.71	24.01%
Each family member has responsibilities and chores to perform.	2.76	4.11*	1.35	1.00	34.05%
In our family, everyone participates in decisions that affect us all.	3.13	4.11*	1.33	0.74	25.09%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.20	4.21*	1.28	0.79	26.98%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.07	4.31*	1.34	0.92	31.36%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.28	4.41*	1.16	0.98	33.25%

Site Community Bridges (Guiding Star)					
All family members participate in making decisions.	2.89	3.93*	1.19	0.87	29.65%
We work together as a team and manage our resources and set priorities together as a family.	2.93	4.02*	1.19	0.92	31.13%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.95	3.64	1.20	0.58	19.62%
Each family member has responsibilities and chores to perform.	3.35	3.95	1.22	0.50	16.85%
In our family, everyone participates in decisions that affect us all.	3.08	3.87	1.20	0.66	22.52%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.07	4.10	1.23	0.84	28.61%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.52	4.50*	1.21	0.81	27.53%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.58	4.41*	1.12	0.74	25.12%
Site Community Bridges (Vista Colina)					
All family members participate in making decisions.	2.74	3.76*	0.97	1.06	34.81%
We work together as a team and manage our resources and set priorities together as a family.	2.76	3.69*	1.05	0.89	30.12%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.72	3.54*	1.13	0.73	24.70%
Each family member has responsibilities and chores to perform.	3.20	3.77	1.41	0.40	13.74%
In our family, everyone participates in decisions that affect us all.	3.03	3.50*	1.12	0.42	14.41%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.34	4.00	1.18	0.56	18.96%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.43	4.22	1.18	0.67	22.66%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.61	4.30	1.03	0.67	22.78%
Site: Family Counseling Agency					
All family members participate in making decisions.	3.23	3.97*	1.01	0.73	24.97%
We work together as a team and manage our resources and set priorities together as a family.	3.21	4.15*	0.94	1.01	34.09%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	3.16	3.97*	1.09	0.74	25.22%
Each family member has responsibilities and chores to perform.	3.49	4.10*	1.34	0.46	15.56%
In our family, everyone participates in decisions	3.21	3.89*	1.41	0.49	16.58%

that affect us all.					
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.31	4.03*	1.22	0.59	19.98%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.67	4.30*	1.26	0.50	17.11%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.62	4.17*	1.07	0.52	17.56%
Site: Mt. View School					
All family members participate in making decisions.	3.20	4.36*	1.09	1.06	34.78%
We work together as a team and manage our resources and set priorities together as a family.	3.30	4.47*	1.02	1.15	35.85%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.96	4.20*	1.16	1.07	34.86%
Each family member has responsibilities and chores to perform.	3.06	4.33*	1.12	1.14	35.70%
In our family, everyone participates in decisions that affect us all.	3.00	4.09*	1.18	0.92	31.23%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.20	4.53*	1.08	1.24	36.87%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.40	4.49*	1.12	0.98	33.23%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.29	4.42*	1.13	1.00	33.95%
Site: PAACE					
All family members participate in making decisions.	3.13	4.25*	1.05	1.07	34.78%
We work together as a team and manage our resources and set priorities together as a family.	3.26	4.25*	1.08	0.91	31.09%
Our family leadership is flexible and democratic, and all family members share in family decision-making.	2.94	4.14*	1.21	0.99	33.60%
Each family member has responsibilities and chores to perform.	3.37	4.44*	0.99	1.09	35.03%
In our family, everyone participates in decisions that affect us all.	2.95	4.00*	1.21	0.87	29.67%
Once a disciplinary action has been decided, my spouse (or partner) and I stick to it.	3.80	4.55*	1.07	0.69	23.62%
My spouse (or partner) and I talk with our children about acceptable and unacceptable behavior.	3.94	4.65*	0.99	0.71	24.19%
My spouse (or partner) and I understand age-appropriate child behaviors, use positive discipline techniques and model appropriate conduct.	3.40	4.55*	0.92	1.25	37.01%

* significant at $p < 0.0016$

Outcome Evaluation Question 3: What impact do the intervention programs have on low family attachment and bonding

The family based program is having a significant impact on family attachment and bonding. There is a significant difference between pre and post on all the items in this risk factor when all sites are taken in the aggregate. With the exception of one survey item, there were significant differences between before and after ratings on all of the items for all of the sites. The effect sizes were large (>1.0) in the majority of cases for the sites.

Chart 10 Comparison of Effect Sizes for Risk Factor: Low Family Attachment and Bonding for Parents Aggregate and by Site

	Before Mean	After Mean	Pooled SD	Effect sizes	Percentile Increase
Aggregate					
Our family enjoys being together, we have fun together and we do things together.	3.50	4.50*	0.97	1.04	34.44%
Our family listens to each other and allows each person to express feelings and opinions.	2.99	4.20*	1.08	1.12	35.45%
Our family sticks together when there is a problem.	3.72	4.56*	1.06	0.80	27.07%
Family members ask each other for help.	3.43	4.45*	1.06	0.96	32.68%
Family members feel very close to each other.	3.56	4.48*	1.08	0.85	28.96%
Site: Child & Family Resources (Nogales)					
Our family enjoys being together, we have fun together and we do things together.	3.08	4.67*	0.77	2.06	48.12%
Our family listens to each other and allows each person to express feelings and opinions.	2.91	4.58*	0.94	1.78	44.91%
Our family sticks together when there is a problem.	3.68	4.75*	0.92	1.16	36.25%
Family members ask each other for help.	3.10	4.43*	0.94	1.42	39.86%
Family members feel very close to each other.	3.04	4.65*	0.88	1.83	45.56%
Site: Child & Family Resources (Safford)					
Our family enjoys being together, we have fun together and we do things together.	3.47	4.56*	0.95	1.15	36.13%
Our family listens to each other and allows each person to express feelings and opinions.	2.69	4.22*	0.85	1.81	45.35%
Our family sticks together when there is a problem.	3.88	4.69*	0.99	0.82	27.99%
Family members ask each other for help.	3.26	4.45*	1.01	1.18	36.49%
Family members feel very close to each other.	3.59	4.71*	0.92	1.21	36.90%
Site: CODAC					
Our family enjoys being together, we have fun together and we do things together.	3.47	4.62*	0.84	1.37	38.47%
Our family listens to each other and allows each person to express feelings and opinions.	3.00	4.52*	0.85	1.78	43.40%
Our family sticks together when there is a problem.	3.80	4.90*	0.83	1.32	37.81%
Family members ask each other for help.	3.50	4.76*	0.83	1.53	40.30%
Family members feel very close to each other.	3.87	4.83*	0.85	1.12	35.50%

Site Community Bridges (Guiding Star)					
Our family enjoys being together, we have fun together and we do things together.	3.54	4.09*	1.14	0.48	16.32%
Our family listens to each other and allows each person to express feelings and opinions.	3.07	3.91	1.45	0.58	19.77%
Our family sticks together when there is a problem.	3.57	4.28*	1.16	0.61	20.84%
Family members ask each other for help.	3.55	4.31*	1.18	0.64	21.93%
Family members feel very close to each other.	3.52	4.28*	1.27	0.60	20.43%
Site Community Bridges (Vista Colina)					
Our family enjoys being together, we have fun together and we do things together.	3.54	4.03*	1.10	0.45	15.28%
Our family listens to each other and allows each person to express feelings and opinions.	2.70	3.63*	0.90	1.03	34.48%
Our family sticks together when there is a problem.	3.54	4.10*	1.19	0.47	16.09%
Family members ask each other for help.	3.28	4.14*	1.14	0.76	25.68%
Family members feel very close to each other.	3.38	4.03*	1.06	0.62	21.13%
Site: Family Counseling Agency					
Our family enjoys being together, we have fun together and we do things together.	3.53	4.70*	0.83	1.41	38.89%
Our family listens to each other and allows each person to express feelings and opinions.	3.25	4.18*	1.10	0.84	28.72%
Our family sticks together when there is a problem.	4.00	4.60*	1.04	0.58	19.70%
Family members ask each other for help.	3.60	4.44*	1.04	0.80	27.34%
Family members feel very close to each other.	3.78	4.56*	1.02	0.77	26.23%
Site: Mt. View School					
Our family enjoys being together, we have fun together and we do things together.	3.37	4.64*	0.95	1.34	38.07%
Our family listens to each other and allows each person to express feelings and opinions.	3.16	4.49*	1.04	1.28	37.38%
Our family sticks together when there is a problem.	3.58	4.64*	1.08	0.98	33.41%
Family members ask each other for help.	3.39	4.51*	1.13	1.00	34.00%
Family members feel very close to each other.	3.37	4.38*	1.20	0.84	28.39%
Site: PAACE					
Our family enjoys being together, we have fun together and we do things together.	3.76	4.59*	0.90	0.92	31.26%
Our family listens to each other and allows each person to express feelings and opinions.	2.91	4.02*	0.98	1.13	35.55%
Our family sticks together when there is a problem.	3.87	4.57*	1.01	0.69	23.59%
Family members ask each other for help.	3.52	4.47*	1.00	0.95	32.46%
Family members feel very close to each other.	3.85	4.59*	0.99	0.75	25.47%

* significant at $p < 0.0016$

Outcome Evaluation Question 4: What impact do the intervention programs have on family conflict?

There were no significant differences between pre and post mean ratings on the items in the family conflict factor. The rating scale for this item is 1 = *almost never true* to 5 = *almost always true*. A lower score and negative effective size are preferred. A review of the chart indicates that most of the parents indicated relatively low family conflict scores upon entering the program, and there was minimal fluctuation in the family conflict ratings at the conclusion of the program. Additional perusal of the positive moderate effect sizes indicates that in four sites, parents reported an increase in family members insulting or yelling at each other. However, the difference is not significant, so this result should be interpreted with caution.

**Chart 11 Comparison of Effect Sizes for Risk Factor: Family Conflict for Parents
Aggregate and by Site**

	Before Mean	After Mean	Pooled SD	Effect sizes	Percentile Increase
Aggregate					
People in my family often insult or yell at each other.	2.64	2.75	1.40	0.08	2.81%
We argue about the same things over and over in my family.	2.88	2.80	1.37	-0.06	-2.00%
Site: Child & Family Resources (Nogales)					
People in my family often insult or yell at each other.	2.55	2.45	1.25	-0.08	-2.60%
We argue about the same things over and over in my family.	3.33	2.86	1.14	-0.42	-14.20%
Site: Child & Family Resources (Safford)					
People in my family often insult or yell at each other.	3.09	2.41	1.49	-0.46	-15.64%
We argue about the same things over and over in my family.	3.34	2.75	1.32	-0.45	-15.35%
Site: CODAC					
People in my family often insult or yell at each other.	2.76	3.00	1.50	0.16	5.48%
We argue about the same things over and over in my family.	2.97	2.96	1.54	0.00	-0.06%
Site Community Bridges (Guiding Star)					
People in my family often insult or yell at each other.	3.09	2.88	1.35	-0.15	-5.16%
We argue about the same things over and over in my family.	3.06	2.62	1.24	-0.35	-11.87%
Site Community Bridges (Vista Colina)					
People in my family often insult or yell at each other.	2.92	2.86	1.30	-0.05	-1.59%
We argue about the same things over and over in my family.	2.90	2.96	1.36	0.05	1.56%
Site: Family Counseling Agency					
People in my family often insult or yell at each other.	1.92	2.35	1.16	0.37	12.58%
We argue about the same things over and over in my family.	2.45	2.38	1.30	-0.05	-1.80%

Site: Mt. View School					
People in my family often insult or yell at each other.	2.48	3.18	1.45	0.48	16.39%
We argue about the same things over and over in my family.	2.61	3.25	1.45	0.44	14.92%
Site: PAACE					
People in my family often insult or yell at each other.	2.35	2.52	1.35	0.13	4.34%
We argue about the same things over and over in my family.	2.82	2.46	1.37	-0.26	-8.95%

* significant at $p < 0.0016$

Outcome Evaluation Question 5: What impact does the family based prevention program have on youth behaviors?

Youth Ratings of Risk Factors

Youth over 10 years of age were also asked to complete a retrospective pre-survey at the end of the program cycle. The items have been categorized by the risk and protective factors each represents. A scale of 1 to 5 was used for the survey where 1 = *almost never true*, 2 = *occasionally true*, 3 = *true about half the time*, 4 = *often true* and 5 = *almost always true*.

Results of ANOVA indicated that youth ratings changed significantly in two target factor areas:

- (1) Family attachment and bonding
 - My family enjoys being together
 - My family listens to each other
 - Family members ask each other for help
 - Family members feel very close to each other
 - My family sticks together when there is a problem
- (2) Family management
 - The rules in my family are clear.
 - Family members have responsibilities and chores to perform.
 - All family members participate in making decisions.

Chart 18 presents an examination of the effect sizes calculated on the basis of the means and standard deviations of the pre-post change scores. The overall effect sizes varied from very small to moderate. The present sample, which drew from 165 youth, indicates that the youth felt there had been improvement in the key family factors being addressed by the programs, particularly the family attachment and family management factors.

There was an also upward trend on youth ratings of parent attitude toward ATOD and academic achievement with significant differences between pre and post ratings on individual survey items. Youth gave relatively high ratings to parent attitudes before the program. As with the parent ratings, there was little change in the youth ratings of the items within the family conflict factor. Youth indicated higher grades in school and increased enjoyment in school.

**Chart 12 Comparison of Effect Sizes for Risk Factor Retrospective
Pretest (Before) and Post-test (After) for Youth (N=165)**

	Before Mean	After Mean	Pooled SD	Effect sizes	Percentile Increase
Risk Factor: Low Family Attachment & Bonding					
My family enjoys being together.	3.90	4.38*	1.08	0.45	15.19%
My family listens to each other.	3.74	4.27*	1.15	0.46	15.63%
My family sticks together when there is a problem.	4.05	4.44*	1.14	0.34	11.58%
Family members ask each other for help.	3.94	4.26*	1.16	0.27	9.31%
Family members feel very close to each other.	4.05	4.50*	1.04	0.43	14.64%
Risk Factor: Inept Family Management					
My parents ask me what I think about a decision.	3.65	4.08	1.27	0.33	11.26%
The rules in my family are clear.	3.97	4.46*	1.22	0.40	13.56%
Family members have responsibilities and chores to perform.	3.83	4.36*	1.19	0.44	15.09%
All family members participate in making decisions.	3.65	4.16*	1.19	0.42	14.39%
Risk Factor: Family Conflict					
People in my family often insult or yell at each other.	3.11	2.98	1.57	-0.08	-2.73%
We argue about the same things in my family over and over.	2.86	2.94	1.59	0.05	1.78%
Risk Factor: Parental Favorable Attitude toward Substance Abuse					
My family has clear rules about using alcohol and drugs.	4.34	4.51	1.17	0.15	5.01%
My parents notice when I am doing a good job and let me know about it.	4.10	4.52*	1.13	0.37	12.47%
My parents have talked to me about alcohol and drug use.	4.45	4.64	0.97	0.20	6.83%
Protective Factor: Academic Achievement & Involvement in School					
My grades are above average in school.	3.81	4.12*	1.23	0.25	8.62%
I do six or more hours of homework a week.	3.22	3.44	1.59	0.14	4.65%
I enjoy being in school.	3.78	4.07*	1.45	0.20	6.81%
I try to do my best in school.	4.40	4.48	1.06	0.08	2.68%

* $p < .002$

Youth and their parents tended to agree on the change in several family risk and protective factors since participating in the workshop. The following chart presents a comparison of youth and parent responses to items that were in common on the two surveys.

Chart 13 Comparison of Youth and Parents Responses in Family Characteristics

Survey Item	Youth (N=165)		Parents (N=351)	
	Before Mean	After Mean	Before Mean	After Mean
My family enjoys being together.	3.90	4.38	3.50	4.50
My family listens to each other.	3.74	4.27	2.96	4.20
My family sticks together when there is a problem.	4.05	4.44	3.72	4.56
Family members have responsibilities and chores to perform.	3.65	4.16	2.99	4.15
All family members participate in making decisions.	3.83	4.36	3.17	4.18
Family members ask each other for help.	3.94	4.26	3.43	4.45
Family members feel very close to each other.	4.05	4.50	3.56	4.48
People in my family often insult or yell at each other.	3.11	2.98	2.64	2.75
We argue about the same things in my family over and over.	2.86	2.94	2.88	2.80

With all agencies combined, youth reported significantly higher ratings than their parents in the following areas before the program:

1. My family enjoys being together, $F(1, 517) = 13.81, p < 0.0056$.
2. My family listens to each other, $F(1, 514) = 49.62, p < 0.0056$.
3. Our family sticks together when there is a problem, $F(1, 516) = 7.84, p < 0.0056$.
4. Family members have responsibilities and chores to perform, $F(1, 508) = 49.19, p < 0.0056$.
5. Family members ask each other for help, $F(1, 510) = 19.49, p < 0.0056$.
6. Family members feel very close to each other, $F(1, 514) = 27.56, p < 0.0056$.
7. Each family member has responsibilities and chores to perform, $F(1, 508) = 28.79, p < 0.0056$.
8. People in my family often insult or yell at each other, $F(1, 505) = 25.00, p < 0.0056$.

There were no significant differences between youth and parent ratings in these areas after the program.

Youth were asked to indicate their level of agreement with ATOD usage statements on a scale from 1 to 4 with 1 = *No, absolutely not*, 2 = *Not Sure*, 3 = *Maybe*, and 4 = *Yes, absolutely*. The following chart presents the percent frequency for the ATOD usage statements.

Chart 14 Youth Rating of Future Plans for ATOD Use (N=165)

	% YES
More than one-half of my friends drink alcohol	11.24%
I plan to get drunk sometime in the next year	11.70%
More than one-half of my friends use drugs	13.45%
More than one-half of my friends smoke cigarettes or use other tobacco products.	13.95%
If I had a chance and knew I would not be caught, I would get drunk	18.60%
I have made a promise to myself that I will not drink alcohol	65.88%
I have decided that I will not smoke cigarettes	71.51%
It is clear to my friends that I will not do drugs	73.21%
I have decided to stay away from marijuana	83.14%

It is apparent from a review of the youths' ratings of statements in the above chart that the majority of the youth responding to the survey do not have future plans to use alcohol, tobacco or drugs. A review of the frequency distribution reveals that approximately 18% of the youth surveyed indicated that they would get drunk if they had the chance and knew they wouldn't get caught. Another risk factor addressed through the survey items in this section is peer influence. Less than 15% of the youth have friends who drink alcohol or use drugs or smoke.

Young Child Perception of Family and Behaviors

In response to a request from three program sites, a survey was developed for use by younger children (< 11 years of age) who enrolled in the family based program with their parents. The post-only survey included items related to family management, family cohesion, school involvement, peer influence, and attitude toward ATOD use. The following chart presents the frequency distribution for the survey items. The young children were from programs offered by Child and Family Resources, Mt. View School, and PAACE.

Chart 15 Young Child Ratings of Family and Behavior (N= 126)

	No	Maybe	Yes
Family Management			
We have rules in my family.	3.97%	9.52%	86.51%
I help with chores.	8.80%	18.40%	72.80%
School Attitude/Behavior			
I do my homework.	7.14%	6.35%	86.51%
I like being in school.	21.43%	13.49%	65.08%
I sometimes skip classes.	80.00%	8.80%	11.20%
Peer Influence			
I know kids who smoke.	64.29%	9.52%	26.19%
I know kids who drink.	67.46%	8.73%	23.81%
I know kids who use drugs.	76.80%	8.00%	15.20%
ATOD Attitude/Adult Support			
My parents talk to me about alcohol and drugs.	23.39%	8.06%	68.55%
My teachers talk to us about alcohol and drugs.	22.76%	8.13%	69.11%
I think it is wrong to use alcohol and drugs.	5.65%	4.03%	90.32%

It is apparent from a review of the chart that the majority of the young children like school and are engaged in the learning process. They also come from families exhibiting effective family management practices. The majority of the children do not have friends who are using alcohol, drugs, or tobacco products. However, it should be noted that 98% of the children completing this survey were under the age of 12, and at least 25% of these young children indicated that they know kids who smoke and 24% know kids who drink. Approximately 70% of the young children reported that their teachers or parents have talked to them about alcohol and drugs.

Additional Outcome Findings

Parental Perception of Personal Growth

Parents were asked to indicate their own personal growth since attending the workshop sessions. A scale of 1 to 5 was used where 1 = *almost never true*, 2 = *occasionally true*, 3 = *true about half the time*, 4 = *often true* and 5 = *almost always true*. Results of the ANOVA show that parents made significant growth ($p < .0016$ [.05/31]) with large effect sizes (see Chart 16).

**Chart 16 Comparison of Effect Sizes for Personal Growth Retrospective
Pretest (Before) and Post-test (After) for Parents (N=351)**

Personal Growth Items	Before Mean	After Mean	Pooled SD	Effect Sizes	Percentile Increase
I feel good as a parent.	3.61	4.66*	1.02	1.03	34.38%
I can deal with conflicts between my spouse/parenting partner and myself about how to interact with our children.	3.29	4.44*	1.04	1.11	35.36%
I am able to help family members become better listeners.	3.13	4.34*	1.09	1.11	35.31%
I am able to manage time, to increase "family time".	3.07	4.37*	1.10	1.17	36.08%

* $p < 0.0016$

Parent Perception of Program Impact

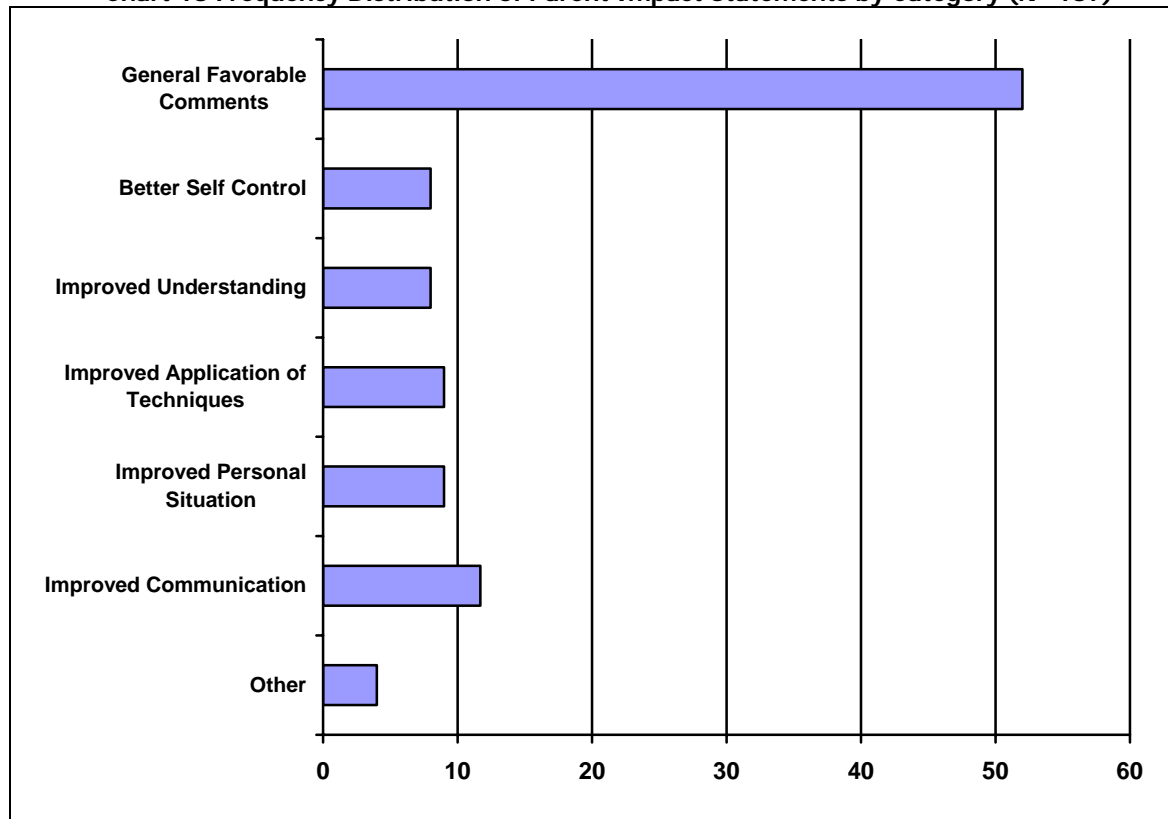
Parents were asked to indicate their perception of program impact by responding to a series of statements on various protective factors on a scale from 1 to 6 with 1 being *strongly disagree* to 6 being *strongly agree*. There was agreement among the majority of the parents responding to the survey that the program had a positive impact on their families. The following chart presents the means and standard deviations for the individual items. A review of the standard deviations indicates that there was a larger range of responses for items dealing with issues around substance abuse and youth enjoyment of school than for other items. There was also a large range of responses for the item dealing with the impact of the program on family conflict.

Chart 17 Parent Reported Impact on Families (N=351)

	Mean	SD
The parent program has improved the quality of how I interact with my child(ren).	5.34	.823
The parent program has decreased the conflicts in our family.	4.89	1.035
The parent program has improved my general child management skills (i.e., setting standards, monitoring their behavior, using effective discipline.)	5.15	.899
The parent program has improved my knowledge of substance abuse (alcohol, drugs and tobacco).	5.06	1.212
The parent program has improved our family communication.	5.24	.908
The parent program has had an impact on how I talk to my children about alcohol and drug use.	5.15	1.076
The parent program has increased my child's participation in family activities.	5.15	.957
The parent program has improved my ability to resolve conflicts with my children.	5.15	.902
Since participating in the program, my children appear to be enjoying school more and taking an interest in learning.	5.16	.977
Since participating in the program, my children have increased their knowledge and have a negative attitude toward alcohol and drug use.	5.15	1.181

Comments were provided by 187 parent participants responding to an open-ended question regarding any additional comments on how the program affected them as a parent and how they are using it in their family. A content analysis was conducted and the comments provided were subsequently placed within categories that emerged from the comments themselves. The verbatim comments are included in Appendix A. The following chart presents the percent of comments made by parents in each category. The majority of comments were related to favorable comments about the course. The remaining comments were specific to improved behaviors, attitudes or increased skill levels as indicated in the chart.

Chart 18 Frequency Distribution of Parent Impact Statements by Category (N=187)

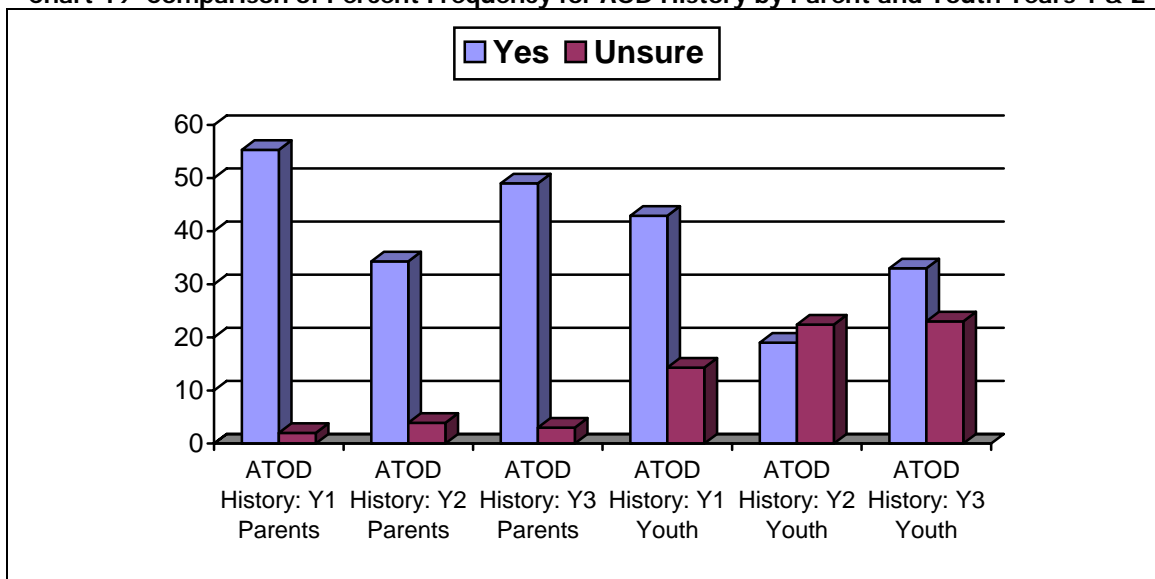


AOD History and Attitudes

Parents and youth were asked to indicate whether or not any members of their family had alcohol or other drug problems. In year 1, over one-half (55.3%) of the parents responded "yes" and 20% were "unsure". In year 2, the percentage dropped to 34% "yes" and 4% "unsure," and in year 3, the percentage increased to 43% "yes" and 3% were "unsure". In year 1, approximately 43% of the youth believed that a family member had alcohol or other drug problems and 14% were unsure. In year 2, these percentages were reduced to 19% and 22.4% respectively. In year 3, these percentages increased to 33% of youth reporting a family history of alcohol or other drug problems and 23% being unsure of a family history of AOD problems.

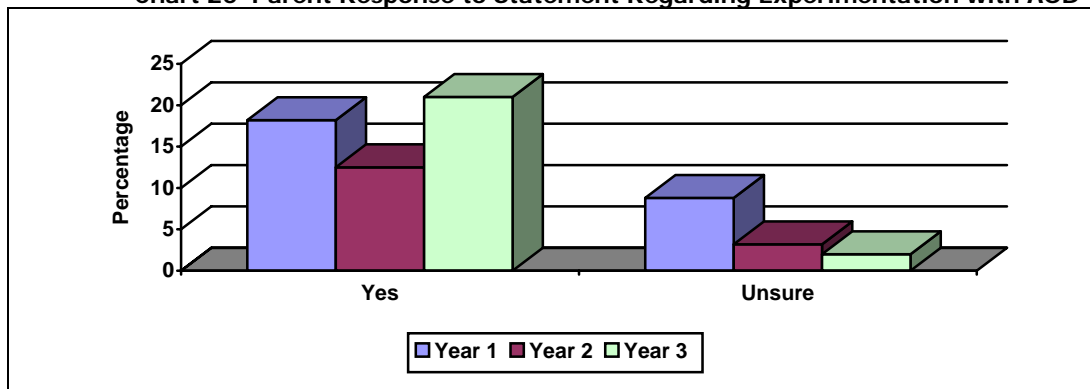
The following chart presents a comparison of the reported family history of substance abuse by parents in programs during year1 (N=145), year 2 (N=280), year 3 (N=333) and by youth during year 1 (N = 38), year 2 (N=154), year 3 (N=155).

Chart 19 Comparison of Percent Frequency for AOD History by Parent and Youth Years 1 & 2



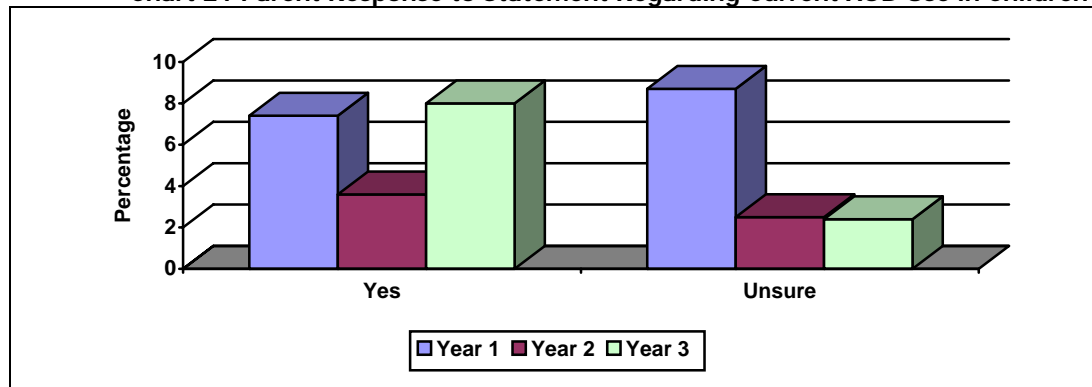
The parents were asked if their children have experimented with alcohol or drugs. The following chart presents the results for parents from year1 (N=145), year 2 (N=280), and year 3 (N=332) answering "yes" or "unsure" to the question. Approximately 18% of the year 1 parents, 12.5% of the year 2 parents, and 21% of the year 3 parents indicated their children had experimented with alcohol or drugs.

Chart 20 Parent Response to Statement Regarding Experimentation with AOD



The parents were asked if their children are currently using alcohol or drugs. The following chart presents the results for parents from year 1 (N=145), year 2 (N=280) and year 3 (N=333) answering "yes" or "unsure" to the question. Seven percent of the year 1 parents believed that their children were currently using alcohol or other drugs. Less than 4% of the year 2 parents believe that their children are current users and 8% of the year 3 parents indicated that their children are current users of alcohol or drugs.

Chart 21 Parent Response to Statement Regarding Current AOD Use in Children



Instructor Perception of Family Participants

Instructors were asked to indicate their perception of evidence of the behaviors, attitudes and skills of those workshop participants enrolled in the workshop. The instructors reported a percentage of participants during a cycle exhibiting or indicating the referenced behavior, attitude or skill. The ratings by instructors for parents participating in the year 3 program are compared to the ratings for parents in years 1 and 2 of the program in the following chart.

Chart 22 Instructor Perception of Parent Behaviors, Attitudes and Skills
(Y1 N=26) (Y2 N=47) (Y3=27)

Stem Question: <i>What percent of participants:</i>	Year 1 Parents		Year 2 Parents		Year 3 Parents	
	Mean Percent	SD	Mean Percent	SD	Mean Percent	SD
1.. .indicated their children had friends (and/or siblings) who smoke, drink or use other drugs?	28.46	32.70	29.15	25.00	48.92	27.09
2. . . indicated knowledge of the harmful effects of alcohol, tobacco, and drug use?	75.77	30.09	70.85	30.20	74.35	28.65
. . indicated a favorable attitude toward alcohol, tobacco and drug use?	15.00	24.37	15.74	21.64	32.28	27.65
. . indicated concern over a child who is a poor academic achiever?	20.80	20.40	32.77	28.10	46.48	32.31
. indicated having a child who is bored by schoolwork and disinterested academic achievement?	15.20	15.31	18.72	20.70	36.02	26.02
. . indicated having concern over a child who feels "at odds," or is strongly rebellious against adult authority?	29.20	27.07	30.21	24.53	52.04	29.17
. . indicated having concern over a child who is exhibiting early antisocial behavior such as fighting and other types of aggressive behavior?	20.40	22.26	23.48	21.41	34.10	22.82
. indicated having concern over family functioning (e.g. managing time, getting children to help with household responsibilities, keeping track of everyone's activities, finding time to communicate?)	64.40	33.05	65.22	29.72	70.71	29.22

. . exhibited an emotionally supportive parent where parents pay attention to children's interests, are involved in homework and school-related activities, and have orderly parent-child relationships?	45.77	28.31	58.72	29.08	43.40	24.37
. . exhibited ability to find the balance between loving children and setting limits?	46.80	30.78	57.02	30.78	39.10	24.80
. . exhibited ability to find consequences that work?	48.80	28.91	61.70	28.69	43.36	22.08
. . exhibited ability to determine appropriate rewards for a child's good behavior?	48.00	24.32	70.43	26.37	49.29	27.51
. . exhibited ability to understand children's physical, social, emotional and intellectual changes?	46.40	30.40	63.40	32.32	47.84	24.44

According to instructors' perceptions in year 3, there was an increase over years 1 and 2 in parents who indicated:

- . . their children had friends (and/or siblings) who smoke, drink or use other drugs (48%);
- . . a favorable attitude toward alcohol, tobacco and drug use (32%);
- . . concern over a child who is a poor academic achiever (46%);
- . . having a child who is bored by schoolwork and disinterested in academic achievement (36%);
- . . concern over a child who feels "at odds," or is strongly rebellious against adult authority (52%);

This trend indicates that the agencies have improved recruitment strategies and are reaching more parents with children at risk.

According to the facilitators, less than half of the parents enrolling in the workshops exhibited abilities related to influencing protective factors:

- . . exhibited an emotionally supportive parent where parents pay attention to children's interests, are involved in homework and school-related activities, and have orderly parent-child relationships (43%);
- . . exhibited ability to find the balance between loving children and setting limits (39%);
- . . exhibited ability to find consequences that work (43%);
- . . exhibited ability to determine appropriate rewards for a child's good behavior (49%);
- . . exhibited ability to understand children's physical, social, emotional and intellectual changes (48%).

In year 3, 74% of the parents indicated having knowledge of the harmful effects of alcohol, tobacco, and drug use. Over 70% of the parents indicated having a concern over family functioning.

Instructors were also asked to indicate the extent to which certain risk and protective factors existed among workshop participants upon enrollment in the workshop and to report the extent of change that occurred over the course of the workshop. The instructors rated the presence of a risk/protective factor on a 4-point scale with 1 being *not present at all* to 4 being *present to a great extent*. The following table presents the mean rating of the risk and protective factors

upon enrollment and the percentage of decrease of the risk factor or increase of the protective factor after the workshop.

Chart 23 Instructor Perception of Presence of Risk & Protective Factors and Level of Change (N=47)

	Mean	SD	% Decrease	% Increase
Risk Factors				
Inconsistent parental direction or discipline	1.69	.76	70%	
Unusual permissiveness or lax supervision	2.25	.86	70%	
Excessively severe discipline, constant criticism	2.15	.91	85%	
Absence of parental praise or approval	2.89	.87	56%	
Approving attitudes toward use of alcohol or drugs	1.88	.99	56%	
Low family attachment and bonding	1.46	.76	63%	
Poor family communication	2.37	.85	74%	
Protective Factors				
Indication of connectedness to community	2.49	.92		63%
High parental expectations, clear and consistent expectations	2.95	.81		77%
Knowledge of harmful effects of alcohol, drug, and tobacco use	1.69	.76		82%

It appears that instructors believed that there was a general decrease in the risk factors and an increase in protective factors among the workshop participants. The following chart presents the percent frequency that instructors indicated the presence of certain risk and protective factors among parents upon enrollment.

Chart 24 Ranking of Presence of Risk/Protective Factors by Instructor Rating

	Present to a great extent	Present	Rank
Inconsistent parental direction or discipline	48%	40%	1
Poor family communication	58%	25%	2
Unusual permissiveness or lax supervision	35%	43%	3
Low family attachment and bonding	26%	44%	4
Absence of parental praise or approval	30%	35%	5
Excessively severe discipline, constant criticism	23%	33%	6
<i>Knowledge of harmful effects of alcohol, drug, and tobacco use</i>	28%	20%	7
Approving attitudes toward use of alcohol or drugs	15%	30%	8
<i>Indication of connectedness to community</i>	20%	23%	9
<i>High parental expectations, clear and consistent expectations</i>	13%	25%	10

(italicized factor = protective factor)

Inconsistent parental direction or discipline and poor family communication were the most frequently cited risk factors by the instructors. Instructors indicated the presence of protective factors in less than 50% of the parents attending the workshops.

Instructor Perception of Program Impact on Risk and Protective Factors

The following categories were generated from the verbatim comments provided by 28 instructors responding to an open-ended question regarding the impact that the workshop had on family risk and protective factors. A content analysis was conducted and the comments provided were subsequently placed within categories that emerged from the comments themselves. 14% of the comments said *high* or *great* impact and are not included in the chart.

Chart 25 Instructors' Perceptions of Program Impact (N=28)

Area of Impact	Instructor Comment
25% Family Management	<ul style="list-style-type: none"> • Big impact. Youth learned about having goals. Family management, Family history and modeling of behavior i.e. not drinking in front of youth. • It increase the family bonding and decreased low attachment. • Decrease of low attachment and increase of family bonding. Also there was an increase of knowledge around ATOD. • Medium, most of the women were able to process and adapt this to fit their families • Increased skill and knowledge on a primary basis. • The workshop seemed to greatly improve commitment to improving family bonding and family management skills. • This workshop seemed to lower parental criticism a bit and increased family connectedness
21% Community Referrals	<ul style="list-style-type: none"> • We would like to think that things improved for families attending this session. One family specifically sought out additional help as a result of attending these sessions. • We had several families from years past in attendance in the SFP 10-14 sessions. They had been reluctant to go to a new group even though they realized their children had grown and concerns were different. It was necessary to "push" a few out of their comfort zone. However, all who did later thanked us and commented on how much they had learned. • I think many of the risk factors will be decreased with the completion of this program. • Greatly enhanced and/or promoted parental awareness of family risk and protective factors. • The program gave the families a sense of awareness that there is help for them. • Moderate
18% Parent Awareness	<ul style="list-style-type: none"> • I think it helped those who did the lessons to realize that they need to be very aware of their children's behavior. • Parents recognized that even though their families had a lot of protective factors in place...that they still needed to combat against the risk factors which faced their family dynamic...So, many families stated that they were made more aware of the risk factors facing their families which would help to reduce them by working on them. • a positive impact, the mothers were able to recognize and understand + parenting • I think there is one family that was aware that things needed to drastically change and displayed a real understanding about risk and protection. • As always, it is difficult to quantify the extent of impact. However, anecdotal evidence from the parents and children involved lead us to believe that the impact of this program will be long lived. " . . . I didn't realize before that . . . " indicates to us that some of the lessons are hitting home. Perhaps it could be that those coming to the workshops are at a place to hear the message.

14% Family Communication	<ul style="list-style-type: none"> • It brought the families closer together and gave them tools to communicate. If they keep talking, this is the first step to prevention. • Communication skills were greatly enhanced for these families. Many of the families were surprised and skeptical that we would include a substance abuse presentation, until after the presentation. Then they realized how much their kids already know about drugs, and that they need to talk to their children about drugs, even though the children are of a young age. The social support is important to the parents. They developed friendships that will be a resource for them when they have questions about their children. • Families realized the importance of open communication with their children, as well as spending one on one time with them. The peer support is also valuable and evidenced by the fact that the follow-up parent led program has been well attended. • We'd like to think that we're making progress with helping families improve communication skills that lead to decrease in negative behaviors.
7% Family Isolation/ Stress	<ul style="list-style-type: none"> • Davidson Elementary School has a very transitory population and is geographically located in a section of Tucson that has a high rate of domestic violence. By working on communication skills and providing social interaction for parents who are generally socially isolated, FAST reduces the stress that these families experience. The reduction of stress mitigates the pressure that families experience and is in turn a protective factor for these families. Most of the families expressed an interest in continuing with the FASTWorks program, the follow up program to FAST. This is an indication to the team that families find the program to be a helpful resource in their lives. • The risk factors of social isolation, high stress and low bonding were all addressed in the various activities of the FAST program. The parents made new relationships and look forward to FASTWorks, the follow up program. We observed growth in the families in the areas of communication and sharing of feelings.

Instructor Perception of Families' Continuing Needs Related to Risk and Protective Factors

Instructors were asked to indicate what needs continue to exist for families even after the workshop. The following verbatim comments were provided by 26 instructors. A content analysis was conducted on the comments. 44% of the instructors believed that families would continued to be challenged by community and family risk factors that the parents are currently battling such as low attachment to community, economic deprivation, family and personal history of substance abuse and unsafe living environments. 37% of the instructors felt that the parents were going to need ongoing support and reinforcement after completing the workshop. The verbatim comments from the facilitators are included in Appendix B. Additional comments made by the instructors regarding the implementation of the programs and the impact of the program on families are contained in Appendix C.

Path Model Discussion and Analysis

The Path Analysis procedure was presented briefly under the evaluation methodology section. Path analysis was developed as a way of analyzing the direct *and* indirect effects of variables hypothesized as causal. Path analysis enables the evaluator to test an explicit hypothesis of cause and effect. In addition, it produces a clear and explicit result of the strengths of the mathematical relationship contained within the model. The model presented in the path diagram on page 40 illustrates the causal relationships among the independent and dependent variables.

The long-range goal of the youth drug prevention initiative is to prevent youth drug use through the provision of family-risk-focused programs. Based on these research-based family programs and targeted risk factors, a conceptual framework for evaluating the family-based programs was developed by the evaluation team and included the following assumptions:

- Alcohol and other drug use among children can be reduced or prevented by improving communication between family members; monitoring children's time, activities, and friends; and improving the attachment between parents and their children.
- Parents' view of child/teen behaviors is linked to subsequent behavior by children or teens.
- Behavior-based parent training programs indicate improved parenting skills, child compliance, and positive parent perception of children.
- Family cohesiveness is an effective and consistent predictor of child behavior.
- Early positive familial attachment encourages bonding with teachers and schools. Positive attitudes toward education encourage attachment to prosocial non-drug using peers.
- The higher a family's adaptability and cohesion, the lower the risk of problem behavior in children.
- Parents have the capability of significantly reducing the incidence of behavior problems in their children, as well as the ability to increase children's prosocial behavior.
- The role of bonding to family, school, and peers is critical.
- Alienation from family/society and low social skills accompanies high risk situations.
- Healthy family functioning requires parents and children to work together to clarify and create consistency in rewards and punishments.

In the path model, the evaluation team is theorizing that certain program and parent factors are related to family management, family conflict, family cohesion, parent attitude toward ATOD use, and that these variables are associated with program impact on families in several areas:

- Quality of interaction with children
- General child management skills
- Knowledge of substance abuse (parent and child)
- Family communication
- Participation in family activities
- Ability to resolve family conflicts
- Child enjoyment of school and academic achievement

Dependent Variables

The dependent variables were classified through a factor analysis procedure. There are five dependent variables related to risk and protective factors examined in the path analysis: (1) family cohesion, (2) parent attitude toward ATOD, (3) family management, (4) family conflict, (5) program impact (combined set of variables).

Family Cohesion was based on several items related to “family connectedness.” This factor included family attachment and bonding and family organization.

Parental Attitude toward ATOD was based on survey items related to parent attitudes and beliefs regarding illegal drugs and substance abuse.

Family Management was based on survey items that ask parents to indicate their skill level and behavior in areas related to setting clear rules and expectations, paying close attention to their children to identify problem behaviors, having strict ideas of what is right and wrong, using both negative and positive consequences for children’s behavior, and participatory decision making.

Family Conflict was based on survey items related to parent perception of the amount of arguing, insulting, yelling, etc. that occurs in the household among family members.

Program Impact was based on 10 survey items related to the impact of the program on the improvement family communications, family management, family cohesion, school bond as well as children’s attitude toward use of ATOD.

- The parent program has improved the quality of how I interact with my child(ren).
- The parent program has decreased the conflicts in our family.
- The parent program has improved my general child management skills (i.e., setting standards, monitoring their behavior, using effective discipline.)
- The parent program has improved my knowledge of substance abuse (alcohol, drugs and tobacco).
- The parent program has improved our family communication.
- The parent program has had an impact on how I talk to my children about alcohol and drug use.
- The parent program has increased my child’s participation in family activities.
- The parent program has improved my ability to resolve conflicts with my children.
- Since participating in the program, my children appear to be enjoying school more and taking an interest in learning.
- Since participating in the program, my children have increased their knowledge and have a negative attitude toward alcohol and drug use.

Independent Variables

Three of the independent variables were selected from parent background characteristics, including (1) education level, (2) household income, and (3) family history of substance abuse. In addition to parent characteristics, the independent variables included two factors related to program implementation: (4) number of program sessions attended by parents and (5) overall session rating by parents.

INSERT PATH MODEL

Path Analysis Results

The path model developed for this study yielded the statement: “no special problems were encountered during optimization,” indicating that the EQS analysis of this path model generated reliable output. It was also determined that the data were normally distributed. As previously mentioned, there were several indicators that show that the model works well statistically.

The diagram that appears above depicts the final path model. The model explained 2% of attitude toward ATOD use, 5% of family income, 10% of parent confidence, 17% of family management, 40% of family cohesion and 27% of program impact. The path coefficients are represented along single-headed arrows that indicate a hypothesized pathway between two variables. A negative (-) coefficient indicates a negative relationship between the two variables.

The following statements indicate the results of the path analysis:

Parent Background Variables

Factor: Family ATOD History

- Families with a family history of substance abuse problems are more likely to have a favorable attitude toward ATOD use (.10).

Factor: Household Income

- Household income showed a positive relationship with family management; i.e., families with higher incomes tend to exhibit more effective family management strategies (.11) and family cohesion (.08).

Factor: Education Level

- Parents with higher levels of education showed a negative relationship with program impact (-.06). In other words those parents with lower education levels reported more program impact than those parents with higher education levels.
- Education level showed a positive relationship with income, i.e., parents with higher levels of education had higher incomes (.23).
- Parents with lower levels of education reported more gain in parenting confidence than those parents with higher education levels.
- Parents with higher levels of education reported more increase in family management skills than did those parents with lower education levels.

Program Characteristics

Factor: Number of Workshop Sessions Attended by Parents

- The number of training sessions attended showed a positive relationship to parent confidence. In other words, those parents who attended more sessions reported more gains in parent confidence (.09).

- The number of training sessions attended showed a positive relationship to program impact, i.e., those parents who attended more sessions also indicated greater program impact (.10).

Factor: Overall Session Rating by Parents

- Session rating by parents was positively related to parent confidence (.28), family management (.12), family cohesion (.07), and program impact (.28), i.e., parents who gave the program high ratings also reported higher levels of parent confidence, family management, family cohesion, and program impact than did those families who gave lower ratings to the program.
- Session ratings were negatively related to parent favorable attitude to ATOD use (-.08). In other words, those parents who had favorable attitudes toward ATOD use also gave the family strengthening program sessions low ratings.

Risk and Protective Factors

Factor: Family Management

- Family management was positively related to family cohesion (.18), i.e., parents who are exerting effective family management practices also report high levels of family cohesion.

Factor: Family Cohesion

- Family cohesion was positively related to program impact (.24), i.e., parents who are reporting an increase in family cohesion are also reporting greater program impact.

Factor: Parent Confidence

- Parents who reported high levels of parent confidence also reported higher levels of program impact (.15), family cohesion (.51), and family management (.33). In other words, as parent confidence increase so did parent perception of their skills and behaviors in specific family protective factors.

Factor: Parent Attitude toward ATOD Use

- Parents who reported high levels of family conflict had lower levels of program impact (-.11).

Report Item #5: Conclusions for Year 3

The three-year evaluation study of the Family-Based Youth Drug Prevention initiative has generated the following conclusions pertaining to the impact on targeted risk and protective factors. In the area of attitudes, knowledge/skills, and behaviors, funded programs produced the following changes:

1. Demonstrated a significant impact on family management practices. Aggregate measures within this category revealed significant positive change in all areas. Among individual agency participants, significant positive differences were found for the majority of items, and effect sizes were large for many individual items.
2. Showed a significant positive impact on the risk factor of low family attachment and bonding. Aggregate measures for pre and post measures in all items included in this area showed significant change. With the exception of one survey item, significant differences were found between before and after ratings on all of the items for all sites, with large effect sizes in the majority of cases.
3. Revealed significant positive change in the aggregate between pre and post ratings of items included in the risk factor of parent attitude toward ATOD, with the majority of sites having moderate effect sizes.
4. Demonstrated a trend toward having significant positive impact on parent participants and their families. Parents noted significant positive changes in personal growth over the course of the program, with large effect sizes. Similarly, significant positive differences between pre and post ratings by parents indicated positive impact on their families. A larger range of responses occurred for questions pertaining to substance abuse and youth enjoyment of school, than for other items. The majority of the verbatim comments provided by parents included general, favorable statements, with the remaining comments pertaining to improved behaviors, attitudes, or increased skill levels.
5. Revealed that according to program instructors, parent participants showed overall strengthening in protective factors and decrease in risk factors. The most frequently cited risk factors instructors indicated as decreased were inconsistent parental direction/discipline and poor family communication.
6. Demonstrated significant positive changes in youth ratings of key risk and protective factor areas. There was significant positive change in family attachment and bonding and family management by youth surveyed. Similarly, the majority of youth surveyed indicated that they do not have future plans to use alcohol, tobacco, or drugs.
7. Showed the potential for erosion of certain protective factors in children under the age of 11 years. Although 86% of children enrolled in the family-based program indicated that they do their homework, only 65% like school. Further, approximately 25% of the children reported that they have peers who drink or smoke and 15% have peers who use drugs.

8. Revealed that family background characteristics perform an important role in program impact. Participants' capacity for benefiting from the programs in the initiative was in part a function of pre-existing characteristics of family ATOD history, household income, and education level. Those families with a history of ATOD were more likely to have favorable attitudes toward ATOD use. Families with higher household incomes demonstrated a tendency toward better family management and family cohesion in comparison to families with lower incomes. Parents with higher levels of education than other participants appeared to increase family management skills than their counterparts with lower levels of education. Conversely, parents having lower levels of education reported greater program impact and greater gains in parenting confidence than their better educated counterparts.
9. Revealed the direct and indirect relationships between key factors ultimately resulting in program impact. Number of program sessions was directly related to program impact and indirectly related to program impact through parent confidence. Family management showed a positive relationship to family cohesion, which, in turn was positively related to program impact. Those parents who reported high levels of parent confidence also reported greater program impact, family cohesion, and family management. Parents reporting high levels of family conflict had lower levels of program impact.
10. Showed the need for continued support to parents in influencing protective factors, particularly in face of anticipated challenges both in the community and in their families. In the view of year 3 instructors, fewer than half of the participants enrolling in workshops showed ability to influence protective factors. These included emotional support to children, balancing loving and setting limits with children, finding consequences that work, determining proper rewards for good behavior, and showing ability to understand children's changes. Overall, graduates of parenting programs retain continuing needs for parental support, according to instructors, 44% of whom perceived that families would experience continued challenges due to persistent community and family risk factors. Similarly, 37% of instructors perceived the need for ongoing family support after the workshop.

Report Item #6: Recommendations

The following recommendations are offered by the evaluation team in response to the findings and conclusions of the year 3 outcome evaluation study:

Agencies and schools funded to delivery family-based youth drug prevention programs should:

1. Place a priority on targeting for participation those families with children determined to be at risk of ATOD use, providing early, family-based prevention programs and family-strengthening interventions, with as comprehensive a system of follow-up support as possible.
2. Strategize to ensure maximum program attendance and ensure meaningful, practical support to participating families seeking to make changes associated with targeted risk and protective factors. Path analysis performed for year 3 program delivery indicated that program attendance and session ratings showed a positive relationship to improvement in risk and protective factors included in this initiative.
3. Establish appropriate in-class support mechanisms that seek to mitigate potential obstacles to the attainment of positive family management practices and higher family cohesion that may occur in participant groups. Path analysis revealed that the presence of family history of substance abuse and lower household income tended to result in lower levels of improvement in the above-referenced risk and protective factors.
4. Implement clearly focused and appropriately structured post-program follow-up support mechanisms, to fortify the capacity of families facing continued risk factors within their communities and their families, and to bolster application of principles and practices related to risk and protective factors targeted by the respective youth drug prevention programs. Support mechanisms may assume a variety of formats, including but not limited to support groups, additional classes, booster sessions, scheduled teleconferences, and regularly scheduled family activities.
5. Seek to institutionalize family-strengthening programs through school community activities, linking agency and school-based activities wherever possible, and providing routine, stable means of helping parents share challenges and solutions to educating and rearing their children in a safe and drug-free environment.

APPENDIX A: PARENT COMMENTS

(Total Number of Parents in Classes=356)

Please add any additional comments on how this program has affected you as a parent and how you are using it in your family? (N=187)

Category of Response	Verbatim Comment
General, Favorable (51.9%) 97 comments	<ul style="list-style-type: none"> • This was very important for my family (my three children and spouse). We practice what we learn, keep activity diaries and try to solve our problems together. • It was very good. • It helped me very much and I spend more time with my family and try to help them. The book and course were very good. • This class has helped us out in many areas. It has made things a lot easier. • Helped me much. • It is helpful. • We all have different upbringings, and the program has helped me to understand that and it's a big load off our back because we now understand each other more and the reason for our action. • The overall experience coming to the session has been great and I will continue to use what I've learned here at home. • Helped me a lot. • This program is very good and the results have been favorable for me and my family. • The program was very good. • The whole program was good. I enjoyed it and my children also enjoyed it. We learned a lot. • The drug program and the movie were very good. • I liked all the teachers. They're so fun and understanding. • Our family has enjoyed coming and the class had helped with my parenting skills. • I have learned a lot of new things in class to be a better dad. • It has brought our family closer together and more understanding for one another. • This program had made our general four person family stronger and more dependent upon each other than upon the other party of our extended family. • Good. • It motivated me to become a good parent. • Good • I enjoyed class. • That you can get your point across being calm. • I enjoyed class, it was fun. • It helped me to be a better parent. And it let me see my children's behavior and what should be done. • The effect was good, thank you very much. • Thank you for the program. It helped me much. • The classes helped me in dealing with the kids. • I liked it. • Like it very much and learned a lot.

	<ul style="list-style-type: none"> • Having time to spend with family. • Positive things for the family. • Very satisfied with what I learned. • Great program. • The program was very good; learned many ways to be a better parent. Thanks to all. • Thanks much. • It's like life is getting better every day and night to a great future. • My spouse and I enjoyed and learned from the programs. • It helped me with my kids very much. • It helped me very much with the relationship with my children. Things are much calmer at home. • Liked all of the contents. • All was good. • I learned a lot. • Helped me as a person. • It has taught me to love my children more. • It's given me other choices for the way I raise my daughter and son. • I loved this class. I learned a lot and felt very comfortable. • My session director was good and helped me with situations on a session I had a problem with. • Respect • I didn't know that I was on the right track. I learned on my own and how I didn't want my children raised as I was. I wanted things to be different and I guess I've been doing good. • good • Was able to apply the rules of the program to a better running of the family. • It has given me a more positive outlook on parenting. I try to use in every day by trying to understand my child's way of thinking. • Able to understand and apply what I have learned to my children. • It affected me that I need to spend more time with my children. What I learned from parenting class I will use this at home, which will help me get closer to my family. • Pointed out a lot of things to me. Things I really didn't think about before I came here. • I learned a lot from the sessions. • It has helped me with my children and family. • Understand better the relationships with my child. • Excellent program for all people to learned to understand and help families. • Was very positive for me and my children. • The program was excellent. • Content of program was good for all. • It has been a good program for me. • Helped me with my children. • The program is very good for the families and it has helped me to better resolve problems. • It has helped me be a better parent. • Our family was helped by the program. • Helped me very much with different aspects of parenting. • Excellent. • Thankful for the opportunity to learn all these things.
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	<ul style="list-style-type: none"> • Enjoyed the program very much. • Good for my children and me. • The classes were very good and hope to continue them. • Good for the family. • Had a good affect and helped me very much with my family and children. • It helped me very much give more time to my children and spouse and come together as a family. Thank you for the opportunity to attend the program FAST. • It helped me a lot with my children. • It was very beneficial to family and children. • Helped me a lot with my child. • Very good program. • Very satisfactory. • Good program for the children. • The program was very good. • Helped me be more responsible with my children and spouse. • It helped me very much. • Very good. Learned much to help my children. • I learned a lot from the program that made me a better mother. • This program, I loved it. It has affected me in a good manner as a parent. I think we needed to be more cautious of things we learned and try not to forget what we learned. I thank you because it helped me be a better mom and wife. • Helped see negative attitude. • It's helped out. • The program was favorable for all parents and children. • I will always keep it in mind and practice it for as long as I will need it. • Spend more quality time, not just being together. • Excellent • Good program. Would be good to have available for more families. • My kids and I really enjoyed this program. We looked forward to coming every week. I am amazed that my kids feel this way and thrilled. The things we learned are really helping the family.
Improved Communication (11.7%) 22 comments	<ul style="list-style-type: none"> • There is more communication and we cooperate better and decide in everything we plan to do together. The program made me a better parent and understanding. It made us unite more than before. • Able to handle problems better and communicate more. • Helped with communications with my children and discussion of problems. • The program was very good and effective in helping with communication within the family. • Application of what I learned to my family. Better communication. Family meetings. • Now I know how I can communicate with my kids in a healthy positive way. I can now understand them more. • Lessons were very good. Helped me communicate better with my family. • Helped with improving the communication with children. • It gave me new insights of how to communicate about problems with my kids. • Helped me communicate better with my children. • I am able to talk better with my children. • My daughter and I communicate much better. • I am able to communicate better with my kids about their behavior

	<p>problems instead of getting loud with them.</p> <ul style="list-style-type: none"> • Thanks for the program that was helpful to me, my spouse and child. We have better communication and more respect for each other. • Less arguing • The program helped me so much with communicating with my children. • It helped in communication with my child. • Communicate better with family. • I liked the class and it was necessary to learn to control the activities of the children. • The program has helpful in learning to communicate with each other and listening. • The program was very good for my family. We now have better communications with the children and ourselves. • Thank you for the program for the families. It helped with many problems and my children are less disobedient and try to be good.
Personal Situation (8.6%) 16 comments	<ul style="list-style-type: none"> • When I started the program my husband and I were together. About halfway, we separated and this program was a blessing. It made a very hard situation a little better to deal with and it helped me prepare to understand how to talk to my children about divorce. • I now know I need to be more consistent. • We are in a new family coming from a "no" father figure--no discipline family to rules and lots of love and this program helped us to cope with this as well as deal with the other side as well. • I feel great about my treatment, it has pointed out some issues I had realized some of my issues during parenting which made me feel good about myself. I love to sit in and get feedback from others. • I don't have any children yet, if I did, it would have been a big help. I'll use what I learned here and use it later. • It has helped me become a much better person as well as a parent. And I want to thank you all for everything your all have done. • It has helped me realize how strong I am as a parent. It has made me more confident as a parent. • It makes me more confident in my decisions. I'm learning patience, making me a less negative person. • Learned to give more attention to my child and to help resolve his problems together within the family. • The program made me realize that even though I'm a single parent, things could be worse and I don't give myself enough credit. I have a great kid. • I think my children have more respect for me because I spend my time here with them and their mother. I have learned to sometimes be quiet when I should. • This workshop was great. My daughter pays attention more, there is less whining. She listens when told and we rarely argue and I have a lot more patience. • I feel that I am doing better as a mother toward my children. • This program made me feel better about myself and made me feel like I am a very good mother, not a poor one. • Participating in this program made me realize how much my kids need me. How I need to be there for them emotionally as well as physically. I have attended a Family Strengthening before, but with work I tend to forget what was learned. It's so good to be reminded. • To be a good role model towards my children. A good mother

Application of Techniques (8.5%) 16 comments	<ul style="list-style-type: none"> • Using the steps with my kids that [facilitator name] taught us. • The family meeting, I'm trying it. • Regular family meetings are being held weekly in our home. This helps resolve most of our concerns on a regular basis. • It has helped us to create a family night of sorts. After the program is over, we will continue using Monday nights as our family night (for meetings, child's games, etc.) • I think it would have been nice to do a few activities at the meeting—like child's play--maybe doing a puzzle or something. • The tools learned have helped and when utilized after residential will continue to help guide me. My daughter is very happy and my family is seeing progress. • My family skills will improve overall in all our affairs. I can calmly handle all situations and activities. • How to get along with our children and to deal with them when they are angry. • We use "I feel" statement and are more aware of others' feelings and allow sorry to be used and accepted. • I learned to stop, think, listen, then act. Most of the time, it's hard for me to change quickly but we are all trying hard. • I am not yelling, I am asking and talking in a calm voice and using the I messages. • Kids love family meetings (discussions, planning, decision making). Point system helps me keep up in housecleaning and allows them to earn money for chores they do. We take into consideration their votes before final decision making. • I am using a lot of the material in the book. I think I have become a better parent. I'm listening to the kids a lot better and taking my time with them. • I feel more able to be the role model for my children. I better understand how to involve my children in decision making and I have a new knowledge on how to communicate with my child. • Now spend more time with my children. • Regular time to practice would help. •
Improved Understanding (8%) 15 comments	<ul style="list-style-type: none"> • I understand how to deal better in bad cases. • It has helped me recognize the difference between who needs more attention at this time and to help my husband learn how to be more patient and both of us learned together how to come to an accord when it comes to discipline. • I can understand my child more, and I try harder to have a positive attitude at all times. • The program helped me very much with dealing with my children and to understand their problems. • This workshop has helped me on how to be a better parent to my children and how to talk to my children and listen to them and understand them and most importantly always love them. They are our little angels. • I'm happy with this kind of program because it helps me very much to understand my kids activities. • Helped me to understand my family. • The program in general had much effect on me and my children to understand each other better.

	<ul style="list-style-type: none"> • This program had made me understand more about what I can expect from my children as they move into their teen years. • Helped me understand that my kids have different needs as humans and that life is not easy for them either. That all they need from us as parents is love, but love with limits. • Helped me understand my children better. • I liked it all very much and learned to understand my children better. • The program was good for all parents and their children. We learned to understand and communicate with them better. Thank you. • Helped me understand my children and motivate me to solve problems without yelling. • Understand the character of my child better.
Self Control (7.5%) 14 comments	<ul style="list-style-type: none"> • Learned to control my temper and understand the children better. • I have become a more lovable, patient and more understanding parent. • I have learned how to express myself to my children in a calm manner. • I feel better about myself, more in control. • I don't fly off the handle like I used to and the kids are more tolerant of all of us. • Communication has gotten better and I try to have more patience • Good to help me develop more patience with my children. • Have more patience. • It helped me to learn how to be more patient with my children and educate them to be good adults. • This program has made me more patient with the boys. • Learned to be more patient with my family. • How to deal with anger problem with my children, learn how to control my temper with less yelling. • I'm more patient with them and I listen to them more now than before. • I've learned to be more patient and really listen more intently to my kids.
Effective Facilitator (3.3%) 6 comments	<ul style="list-style-type: none"> • We loved [facilitator name], we could ask anything and she was a great help. The children really enjoyed their class. Looked forward to Tuesdays. • [Presenter name] should be given credit where credit is due, since we started before the session with the speech of respect. • I really appreciate the instructor, he way of teaching has opened my eyes as a parent of seven and learned new ways to resolve issues and strengthen family bonds. • [Facilitator's name] is an excellent instructor. • The lessons are very helpful. [Facilitator names] are wonderful at providing ideas for our particular issues. [Child care staff names] are wonderful role models for the kids. • It has been very good, with excellent tips which are very important. The instructor was very patient and helped us learn how to communicate with our children.
Other (.5%) 1 comment	<ul style="list-style-type: none"> • The food wasn't very good and appropriate for age group. The children in day care need to be given the ability to get treats out of the grab bag at the end of the class each week. It is hard to explain why other children in the class of 6-13 and they couldn't. [Staff name] was excellent at allowing the day care children needs to be addressed, but explained it wasn't budgeted in. I found it very disturbing that the families I began the class with would change from meeting to meeting. In the middle of the session, new families would start, or new boyfriends. This was disturbing, due to the fact that it takes a while for families to bond and trust confidentiality, then have new families in the middle of a session.

APPENDIX B: FACILITATOR COMMENTS – PARENT NEEDS

What needs continue to exist for families even after the workshop? (N=27)

Community and Family Environment (12 comments = 44.4%)

- Economic deprivation is always a concern with these families but we cannot affect change in that area.
- They still have all of the outside temptations and family history that they started with.
- They are still at a risk due to their family history.
- Behavioral problems in youth related to some mental health issues.
- Returning to the reservation to live.
- Relapse for the women, returning to unsafe environments, where using occurs, and children still exposed to substances
- Low attachment to community
- Low attachment to community and needed resources There is still a lot of conflict to be negotiated within these families
- Several families dealt with their youth wanting to be involved in gang activity. These families were referred to a anti-gang problem which meets on a weekly basis.
- High transient rates, high family conflict, low attachment and bonding, low community attachment, poor family management, inconsistent parenting styles, etc.
- Economic deprivation, family management problems, high conflict
- The strengthening families program can only do so much, as a trainer, I can hopefully help by providing available resources.

Support and Reinforcement (10 comments = 37%)

- Families continue to need to improve and practice communication skills with their children. They also need to continue spending quality one on one time with their children, which will be supported in FASTWorks.
- Many of the families are continuing on in the FASTWorks Program, the follow-up program to FAST. This will allow for the reinforcement of skills the families learned in FAST. Social isolation is mitigated as the families meet together. Special play is continued, which helps establish the habit of spending uninterrupted time with the children. And the children continue to learn that it is possible to have fun without the use of drugs and alcohol.
- Family and marriage counseling.
- Because these families are transitory between the U.S. and Mexico, family bonding is an issue as family members come and go.
- Support for families who've graduated from the program seems to be the biggest need. Throughout the course of the workshop, parents often develop a network of "kindred spirits." This may be because extended families are splintered these days and many of these smaller, nuclear families are feeling the impact of that isolation. Trying to continue support for our graduates is being done through the booster sessions as provided by the SFP 10-14 program.
- Continued support and reinforcement for using the new parenting strategies and communication skills would be ideal.
- No support system in the rural area.
- Follow up

- These workshops are often a non-threatening start for families in need of more intensive counseling and interventions. Participation provides information, education, and the removal of some barriers to reaching out for help.
- Workshops like these are not inoculations against stress. As family dynamics change, economic stresses arise, these will still be families potentially at-risk. However, we hope that many will now have some tools and strategies for dealing with these pressures.

Scheduling Family Time (2 comments = 7.4%)

- How to work time in the schedule for each other
- Schedule conflicts with parents and youth.

Child Behavior (1 comment = 3.8%)

- Concern over child behavior

Academic Issues (1 comment = 3.7%)

- Academic concerns with certain youth

None at this Time (1 comment = 3.7%)

- None foreseen at this time

APPENDIX C – VERBATIM FACILITATOR COMMENTS

Facilitator comments from online survey (all programs represented):

What factors impeded or facilitated the delivery of the workshop to the families?

Facilitating Factors (N=8)

Team Planning and Delivery of Program (2 comments = 25%)

- We had a team of four people plus six volunteers to implement the program. The team met weekly to plan for each session. Materials were organized and well prepared. Set up was always done on time. School staff were supportive of the program and made sure that the facility was appropriate and available.
- The team worked well together, with a real spirit of teamwork and camaraderie. Families looked forward to group because FAST has been at this school for several cycles now and its reputation is known throughout this school community.

Incentives (2 comments = 25%)

- The incentives help encourage the families to come. However some families still do not attend all of the sessions; therefore, this slows down the entire group.
- Transportation, child care and dinner were provided each week. Team had weekly meetings to prepare for the following session. Weekly phone calls were made to each family and reminder notices were sent home with the children.

Full Participation/Commitment of Parents (2 comments = 25%)

The #1 reason for the success of this cycle was the willingness of all the parents involved to fully participate and learn new things. Great group this time!

Promptness, good attendance and willingness to participate were demonstrated by parents consistently.

Representative Team (1 comment = 12.5%)

FAST Team mirrored ethnicity of group. This was a Spanish speaking group so all but one of the team members were bilingual. Team held weekly meetings to debrief and plan for following week. Materials were always well prepared and activities were implemented according to the curriculum.

Two-Language Delivery (1 comment = 12.5%)

All sessions are conducted in both English and Spanish. Program materials and activities are translated to accommodate the monolingual speakers.

Impeding Factors (N=11)

Language (3 comments = 27.3%)

- Youth: Youth facilitator didn't speak Spanish and two youth were monolingual Spanish. Parent: Attendance/Retention Overall: If families missed they would be lost in the next lesson.
- The lessons had to be translated to Spanish speakers who attended.

- Parent sessions must be taught bilingually.

Non-Completion Due to Leaving Treatment (3 comments = 27.3%)

- Some of the women left treatment before completing the program
- Women dropping out of treatment, not culturally sensitive to Native Americans
- There was a "mass exodus" of clients moving out of the shelter. Also, several of the families also secured employment and were unable to attend due to time conflicts with their job.

Weather Challenges (2 comments = 18.2%)

- This holiday quarter was most difficult due to rain for two of the sessions and then having to change two Thursday sessions to Tuesday because of Thanksgiving and Veteran's Day. Add to the cold and flu season and our numbers unusually small.
- This school uses only one bus; everyone is within walking distance (less than 1/2 mile). It rained considerably at the first two sessions and again during two of the later sessions. When it rains here, people tend to stay home.

Schedule Conflict (2 comments = 18.1%)

- This fourth quarter of the school year is one filled with award ceremonies, end-of-year activities, graduations, etc. that sometimes conflict. Also, Cinco de Mayo was on Thursday which meant SOAR had to be moved that week.
- Families demonstrated interest in materials

Logistical Coordination with School District (1 comment = 9.1%)

- Working with our school district office can make things a bit more difficult. Although we had facilitators trained and families recruited when we started school in mid-July, the grant officially runs from August 10 to the following August 9. We had more than adequate funding to run the program but our district office could not create purchase orders and the paperwork necessary prior to the August 10th date. It has to do with the way the state requires school districts to set up their accounting procedures.

What aspects seem particularly motivating or effective for the parents? (N=31)

Tips for Influencing Child Behavior (7 = 22.6%)

- Concern over child behavior
- Specific tools to use for behavior modification of their children.
- Specific examples to use with your children.
- Modeling appropriate behavior i.e. not drinking in front of youth. * Role Playing * Would rely on parent facilitator and feel comfortable discussing differences in opinion *Family activities
- The parents shared a great deal regarding giving clear and concise directions. They stated that they didn't realize how much of a difference it makes when you as a parent are clear and specific with instructions.
- Teaching the parents how to praise their children seemed to make a significant impact. In addition, talking about reducing anger and stress during Lesson Four seemed beneficial.
- Learning how to resolve conflict Learning how to set consequences Exposing them to the truth about the effects of substance abuse

Parent and Child time (7 = 22.5%)

- Special play, also known as one-to-one time. During this activity, the parent spends 15 minutes of imaginative play with the invited child. It is not a time for instructing or guidance. The child directs the play and knows that he or she has the parent's undivided attention.
- Parent group, family activities, family dinner, winning basket.
- Feeling Charades, the activity that teaches families to share feelings was impactful. Also Special Play, or one on one time had great impact as parents spent quality time with children.
- Parents and children seem to enjoy having time to spend together engaged in the family activity. Both groups seem quite engaged in the separate sessions; having time to talk with peers with limited interruptions.
- The opportunity to spend time with older children in the family while babies were in child care. Further, having time to talk with other parents to share experiences. This particular group also seemed to prefer more interaction with our police officer who works with our program.
- Icing and ignoring
- When the families took the time to discuss the homework sessions or incidents that occurred during the week that they felt they were in control making changes in the child's behavior.

Substance Abuse Emphasis (4 comments = 12.9%)

- Substance Abuse lessons; different ways for them to communicate with youth. Lessons on peer pressure and stress.
- Every session brought forth new questions and scenarios. The parents seemed extremely engaged and bound to emulate the skills and techniques they learn in the classes.
- Receiving a parenting certificate for the courts.
- The substance abuse presentation really opened the eyes of the parents to how much their children already know about drugs. They realized that they need to begin speaking with their children about the dangers of drugs.

Children's Success (3 comments = 9.7%)

- Seeing their children succeed and excel in the program.
- Although I was a children's group trainer, I can say from the little that I observed, through the "Family Group," that having the capability to share with the other parents about similar situations/problems was helpful and somewhat of a relief for them; so I would have to say, being in a group setting seemed particularly effective.
- Rewards for good behavior, and family meetings.

Sharing Among Parents (2 comments = 6.4%)

- The parents in particular seem to enjoy the time to talk with other parents. Most of the sessions ran overtime.
- The opportunity to share concerns with other parents seems to be the biggest draw for parents. We sometimes have trouble getting them to leave the parent workshops.

Children's Feedback (2 comments = 6.4%)

- Child's feedback on Parent's reaction

- The change that children actually see in the parents

Rewards (1 comment = 3.2%)

- Communications and rewards

Instructor Attitude (1 comment = 3.2%)

- Instructors having a positive attitude

Communication (1 comment = 3.2%)

- Communication classes

Practicing Skills (1 comment = 3.2%)

- Partnering or small group practicing of techniques presented.

Family Meetings (1 comment = 3.2%)

- The family meetings, they appeared to really connect with those and the process of it

Facilitator (1 comment = 3.2%)

- Warmth and interest of the facilitator, dinner, training materials, upbeat atmosphere of the classroom environment, and the parent-to-parent interaction

What aspects seem to frustrate the parents? What would you change? (N=20)

Schedule/Time Availability (7 comments = 35%)

- A couple of the families were consistently late in arriving and would become frustrated because their time to eat was cut short. Because the evening is full of activities, we were unable to lengthen the family dinner time. Additionally, we would put the food away when dinner time was over, so the families could concentrate on the next activities. If we did not put the food away, the children would continue coming to the food table when they were supposed to be involved in the communication activities. Our solution was to encourage the latecomers to arrive on time, so they could enjoy a more leisurely dinner.
- Parents' session too long
- Parents' group exceeds time period
- These parents were very receptive to the FAST Program. At the beginning of the cycle, some of the activities were questioned, but as the parents realized their value, they participated and enjoyed.
- Most express the desire for the sessions to continue longer. We start at 5 and usually go until 7:30, although some would like to stay.
- As the cycle continues, parents want more time to interact with group facilitators and other parents. Through the sessions, they learn that no parent is perfect; that we all keep trying.
- The holiday schedule and rain has made this session a little more difficult. Using new facilitators was also a bit trying at times, at least in the beginning.

Other (4 comments = 20%)

- [Parents] were mad once because there was no coffee.
- Some parents were looking for help for the teenagers.

- I wouldn't call so much frustration, as I would embarrassment or uncomfortableness on the first 5 sessions where the "Child's Game" was taught/used.
- Some of the family activities when a single parent had more than one child in the program. Allow time for one child while the other child works with a staff then trade off as needed.

Family Resistance (3 comments = 15%)

- There were two families that found all the material extremely helpful. The rest of the clients were very shut down to learning any new parenting strategies.
- The time it takes to see things change. Continued encouragement and sharing of others' successes is the only way to help this problem.
- Some of the participants said they had tried it all. We just reinforced to try it again!

Limits of Participant Understanding/Integration (3 comments = 15%)

- The parents were excited to use the love and limits technique but did seem a little apprehensive when asked about how they were going to implement this process. Some parents felt that their children would be extremely oppositional and that they would have a tough time getting this information into them. Others felt that it would work but only if they were consistent.
- There were some cultural differences in learning style. I would make a better plan at the onset of a cycle to facilitate these differences.
- Some parents have problems generalizing and/or drawing analogies that relate to their own specific circumstances. It's one of those things that sometimes require more direct instruction.

Survey (2 comments = 10%)

- All parents commented that the test pre/post tests were extremely long
- Some of the language was confusing to the women, especially in the first questionnaire

Language Barrier (1 comment = 5%)

- We did experience a language barrier between English speaking and mono-lingual Spanish speaking parents. We originally divided the parents into two groups, but because the majority of the parents spoke Spanish, the English speaking group was really too small to be viable. We combined the groups into one parent group. Next time we will hopefully have a more balanced number of Spanish and English speaking parents and will be able to divide parent group into two groups.

What enhancements did you add or would you recommend be added? (N=23)

Curriculum (12 comments = 52.2%)

- It would be helpful to meet collectively with the parents before the first night to explain the program in more detail than happens during the recruitment visit.
- The FAST program is a very comprehensive program that incorporates research based activities into the curriculum. As the parents understand that each of the activities is purposefully planned, they are able to work toward achieving the goals of the activities.
- We followed the curriculum very closely, as this is a best practice, research based program.
- Pretty much stuck to the curriculum, just tried to make it more personal (children's group)

- We added the SFP 10-14 program to better meet the needs of our families with older children. We've also spent additional time with the facilitators clarifying best practices for implementing the curriculum; the importance of modeling communication skills and interaction/bonding with participants.
- I'd like to see some video segments incorporated into the lessons to break up the lecture time.
- I added fun handclaps as praise for volunteers and various fun related activities to keep group lively.
- I did additional research on how to alleviate stress.
- More specific and personal examples. Both facilitators added many of these throughout the course.
- More culturally sensitive to all cultures.
- FAST is a research based, best practice curriculum so the only enhancements would be to make sure that the group is held in the appropriate language and cultural sensitivity is demonstrated.
- More dynamic interactions with parents and children

Activities (4 comments = 17.4%)

- More games and movies
- Movies, arts and crafts
- We added a family outing to Lake Pleasant on a Saturday for participants. This day of fishing and a barbecue was intended to help parents realize some of the low cost/no cost opportunities are available to our families.
- We try to add a community-service type activity to each session in addition to the regular workshops. This particular cycle was more difficult to fit a specially designated activity but during the next quarter, parents will be involved with helping our local food bank.

Bilingual Material (3 comments = 13.1%)

Spanish curriculum is needed in the communities CODAC offers services to. Currently, we have two translators teaching the sessions which seems to be doing quite successfully.

Bilingual Material

The material needs to be bilingual. It is important for the participants to feel a part of the group.

Classes for Teens/Adolescents (2 comments = 8.7%)

- A course for teenagers is greatly needed!!! They should not be in the adult class and they are too old for the children's class.
- Make classes or follow-ups for adolescents

Booster Sessions/Follow-up (1 comment = 4.3%)

- As always, booster sessions and continuing education and counseling resources.

Other (1 comment = (4.3%))

- We see in our families limited long range planning or goal setting. We plan a culminating "graduation" activity (e.g. trip to zoo for graduating families) to help them focus on setting goals for themselves.

To what extent did this workshop have an impact on risk and protective factors? (N=28)

Family Management (7 comments = 25%)

- Big impact. Youth learned about having goals. Family management, Family history and modeling of behavior i.e. not drinking in front of youth.
- It increase the family bonding and decreased low attachment.
- Decrease of low attachment and increase of family bonding. Also there was an increase of knowledge around ATOD.
- medium, most of the women were able to process and adapt this to fit their families
- Increased skill and knowledge on a primary basis.
- The workshop seemed to greatly improve commitment to improving family bonding and family management skills.
- This workshop seemed to lower parental criticism a bit and increased family connectedness

Referral (6 comments = 21.4%)

- We would like to think that things improved for families attending this session. One family specifically sought out additional help as a result of attending these sessions.
- We had several families from years past in attendance in the SFP 10-14 sessions. They had been reluctant to go to a new group even though they realized their children had grown and concerns were different. It was necessary to "push" a few out of their comfort zone. However, all who did later thanked us and commented on how much they had learned.
- I think many of the risk factors will be decreased with the completion of this program.
- Greatly enhanced and/or promoted parental awareness of family risk and protective factors.
- The program gave the families a sense of awareness that there is help for them.
- Moderate

Parent Awareness (5 comments = 17.8%)

- I think it helped those who did the lessons to realize that they need to be very aware of their children's behavior.
- Parents recognized that even though their families had a lot of protective factors in place...that they still needed to combat against the risk factors which faced their family dynamic...So, many families stated that they were made more aware of the risk factors facing their families which would help to reduce them by working on them.
- a positive impact, the mothers were able to recognize and understand + parenting
- I think there is one family that was aware that things needed to drastically change and displayed a real understanding about risk and protection.
- As always, it is difficult to quantify the extent of impact. However, anecdotal evidence from the parents and children involved lead us to believe that the impact of this program will be long lived. " . . .I didn't realize before that . . . " indicates to us that some of the lessons are hitting home. Perhaps it could be that those coming to the workshops are at a place to hear the message.

Family Communication (4 comments = 14.4%)

- It bought the families closer together and gave them tools to communicate. If they keep talking, this is the first step to prevention.
- Communication skills were greatly enhanced for these families. Many of the families were surprised and skeptical that we would include a substance abuse presentation,

until after the presentation. Then they realized how much their kids already know about drugs, and that they need to talk to their children about drugs, even though the children are of a young age. The social support is important to the parents. They developed friendships that will be a resource for them when they have questions about their children.

- Families realized the importance of open communication with their children, as well as spending one on one time with them. The peer support is also valuable and evidenced by the fact that the follow-up parent led program has been well attended.
- We'd like to think that we're making progress with helping families improve communication skills that lead to decrease in negative behaviors.

Total Impact/To a Great Extent (4 comments = 14.3%)

- 100% (2)
- To a great extent.
- High

Family Isolation/Stress (2 comments = 7.1%)

- Davidson Elementary School has a very transitory population and is geographically located in a section of Tucson that has a high rate of domestic violence. By working on communication skills and providing social interaction for parents who are generally socially isolated, FAST reduces the stress that these families experience. The reduction of stress mitigates the pressure that families experience and is in turn a protective factor for these families. Most of the families expressed an interest in continuing with the FASTWorks program, the follow up program to FAST. This is an indication to the team that families find the program to be a helpful resource in their lives.
- The risk factors of social isolation, high stress and low bonding were all addressed in the various activities of the FAST program. The parents made new relationships and look forward to FASTWorks, the follow up program. We observed growth in the families in the areas of communication and sharing of feelings.

Additional Comments (N=18)

Facilitator Team Support of Parents (4 comments = 22.2%)

- Several of the participating families came to FAST with minimal parenting skills. Through the encouragement of the FAST team, parents began to realize their responsibility of authority in their children's lives. We always work towards parent empowerment, never doing for the parent what he or she can do for him/herself. Instead of looking to the school to provide direction and authority to the children, FAST supports and encourages the parents to take this role with their children.
- The first night of FAST, one of the families that attended was a young mother with three very active little boys. We could see right from the beginning that this was going to be a challenge. The mom was having difficulty controlling her boys and within just a few minutes, she was crying tears of frustration. One of the FAST team members went and sat with her and remained by her side for the rest of the evening, helping her with her children. We made a commitment to her that if she would hang in there and come to FAST, we would work with her so she could gain control of her family.

- Providing long term support through monthly or quarterly booster sessions might be a good idea. However, the transient nature of the population with which we work can make it difficult. There's a fine line between providing positive support and assuming parental responsibilities. I believe there is a story about teaching a man to fish, isn't there?
- Throughout the first weeks of FAST, the team members spent a lot of time coaching this mom, teaching her how to take authority with her children. We taught her how to encourage her boys in a firm and loving manner. When the boys would ask permission for anything from a team member, we always referred them back to mom.

General (3 comments = 16.7%)

- It's important to stress to families that they won't learn all the answers in the short cycle these sessions run. It is a way to gain information and build a supportive network to access services available within our community.
- It would be great if we could see the long term benefits of these programs. I would like to see 5-10 years down the road, to see what impact the SFP programs have actually made.
- I think it's a wonderful program!

Skill Acquisition (3 comments = 16.7%)

- I feel that these workshops do help families think about how to better work together and communicate. If they change the way they function it should help them to lower their risk factors.
- The parents who took the time to implement techniques were able to provide testimonies to encourage those parents who were doubting or slack in implementing technique in their homes
- Excellent Program. If the parents practice the behaviors and the materials given they could help the family.

Parent Awareness (2 comments = 11.1%)

- I believe the workshop raised awareness in the parents on the issue of teen substance abuse, setting consequences w/children, and ideas to promote family bonding.
- We continually see parents experiencing the "Aha!" factor; discovering they are not alone in dealing with the pressures/difficulties of raising children in today's society.

Sharing Among Participating Families (2 comments = 11.1%)

- At our graduation each family told the group something they had learned that was helping their family. It was amazing! Each family had taken something from the course and internalized it into their daily lives. That was success for me!
- The parents learned a lot and were open to hearing how other parents utilized the skills and tools given in class.

Family Communication and Relating (2 comments = 11.1%)

- I think the parents understood a new way of relating and understanding children versus being so negative all the time. The class increased their hope as a parent and encouraged them that they could improve skills through further learning opportunities.

- The majority of the families expressed better communication in their families and experienced an increase of understanding feelings.

Other (2 comments = 11.1%)

- Youth facilitator missed graduation ceremony because of training/workshop schedule conflict.
- Case management reported that Family 373 had a lot of respect for the facilitator. In addition, the female head of household reported directly that she learned a great deal from attending the workshop and hoped that they could continue to implement the things that they had learned.

